



STAFFORDSHIRE COUNTY COUNCIL

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

G. RAMAGE, M.A. (Admin.) M.D.

For the Year 1968



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STAFFORDSHIRE COUNTY COUNCIL

Annual Report of Medical Officer of Health

FOREWORD

At the time of writing there is so much discussion about the future of the social and health services and of Local Government and this has drawn attention to some extent away from the actual work to be done in the field. Whatever the outcome of these discussions, the efficiency of the service is the only objective that matters and so comment will be limited to emphasising, as in former forewords, to those aspects of the work of the year under consideration which merit special attention and which may indicate the lines on which development or change is needed.

The statistics for births and deaths have varied slightly but not significantly, nor is special comment required in respect of the incidence of infectious disease other than tuberculosis. The statistics in relation to tuberculosis, cancer and heart disease this year show the same pattern which has been developing over the last few years. The incidence of tuberculosis again shows a reduction and indeed the table showing the death rates from tuberculosis for many years past on page 22 is now hardly worth re-producing, except perhaps it shows, with very clear emphasis, the rapid fall since 1955. Although these figures are so favourable, it should not be thought that tuberculosis is a subject which can be neglected as brief reference to the work of the Mass Radiography Units shows. In both Stoke-on-Trent and Wolverhampton Units active cases of tuberculosis have been found and the comment is made that 50% of these were below the age of 50. Incidentally these Units undertake many x-rays for the County Council staff, particularly those coming into contact with children at schools or in residential establishments, and they are an important supportive service to the County Council, which is greatly appreciated.

It is becoming an annual matter to report an increase in cancer deaths and the figures in the report show an increase of 21% from all forms of cancer and a slight increase in the proportion of these deaths due to cancer of the lung. It is disappointing to note an increase in the number of deaths of cancer of the uterus, particularly as it is hoped this figure will fall as a result of the activities in the clinics and of general practitioners taking smear tests for cancer from the cervix. On page 50 comments are made on the progress of the County scheme and the observation is made that there is difficulty in persuading women to return for further cervical smears, and the married working woman, who is particularly at risk, to attend at all.

If the table showing the incidence of chief causes of death on page 25 is examined, it will be seen that the deaths due to diseases of the heart and the circulation, in which hypertension would be included, are overwhelmingly the largest causes of deaths. These diseases are in almost all

cases due to degenerative changes in the coronary arteries or in the heart itself and a number of causes contributing to these degenerations are now known. In relation to what has just been said regarding the knowledge of some causes and possible means of prevention of deaths from diseases of the circulatory system and from cancer, it becomes a most important duty of the Health Department to secure understanding by the public and to persuade them to act upon them. Clearly this is the work of the Health Education Section and it is indeed regrettable that this section has remained so understaffed during the year under consideration. Three of the staff of this section left to take charge of Health Education sections in other counties and, regrettably, the County Health Education Officer left for a similar post at a higher salary.

In spite of these remarks, the account of the work done by this section is of considerable interest, and it is of primary importance to the work of prevention that it should expand.

Difficulties due to financial stringency are not limited to an effect in the Health Education Section and during the year under review it was necessary to limit the Chiropody Service and the number of homes in receipt of home helps. As regards the last service, it would be wrong to give the impression that actual hardship had occurred as a result of these reductions, but it is quite certain that life has been made that much harder for those in need who are, in the main, the elderly and infirm members of the community.

It was possible during the year to appoint a small additional number of nurses and midwives, but unfortunately this did not apply to the health visiting service. Their work is less obvious than that of the midwives and the nurses who can count their results statistically. The most important part of the health visitor's function is advice and health education at the level of the individual and the value of their work is being increasingly appreciated by the general practitioners, who now press for closer association between the health visitors and their own practices. This represents an advance in the total service to the public by combining these forces and has been widely adopted over the country. As yet in Staffordshire "attachment", as it is named, has been limited to a very few instances because of the shortages of staff. The shortage of staff has, in the past, been due to the difficulty of recruitment as well as limitation in finance, but owing to the great success of the course for health visitors held at Keele University, recruitment is no longer a factor and the attainment of the required number depends on the necessary finance being available.

Happily the picture for the year's work is not all gloom. Three new clinics, specially built, have been opened and one of them forms part of the new health centre at Tamworth. The work of the clinics throughout the County showed that more use is being made of them, and particularly welcome is the increase in the attendance of toddlers, who have received insufficient attention in the recent past.

Work in the Mental Health Section has continued to expand and although no new buildings were completed during the year, very useful extensions were made to existing buildings. It is very satisfying to report that the annual refresher course attracted a record number of students, more from outside the County than within, and this course has now taken its place in the national calendar of worthwhile training courses.

The County Analyst has this year rearranged the report of the work of the Laboratory and it is instructive to read the account of new legislation affecting the standards of foodstuffs and the notes on ingenuity, which has to be met by further vigilance, shown by some sellers of foodstuffs to evade the regulations. For the first time reports are made on the examination of blood for alcohol content which were started during the year as a service to the public so they could more easily have their check sample tested. The work of the Health Inspector's Department in respect of water, sewage and milk samples, should be looked at in conjunction with the Laboratory reports and there are some interesting comments on the newly built Pasveer ditch sewage method in Tamworth.

Undoubtedly the most important event of the year, and one could perhaps say the most important event for many years, has been the passing of the Family Planning Act and the instructions received from the Ministry with regard to action under that Act. It is not appropriate here to deal with the details about which there has been much publicity, but the importance of the Act is that this service to the public takes its place along with the other contributions to individual health and happiness already maintained in the department. As would be expected with any newly introduced measure (one need only instance fluoridation) there are people who oppose the giving of contraceptive advice on the scale intended by the Act. Nevertheless, the view is held by an overwhelming majority that there are incalculable gains, from an individual and national point of view, to be had by its full and enthusiastic operation. The County Council decided to continue to provide the service through the Family Planning Association, who have enlarged their service and asked the Association to commence a home service. It is hoped by this means, and by the active co-operation of the County staff, that women of the lower income groups, including impending problem families, will now be encouraged to take advantage of this advice and help, and so improve the quality of their life and reduce their problems.


The changes proposed by the Seebohm Committee may come into action in the reasonably near future, as may the changes suggested in respect of transfer of junior training centres to the Education Department. Such action will profoundly affect the work of the Health Department, though all the staff working there are more concerned that these services shall continue to be effective and of increasing quantity and quality.

They have shewn over the years that this is their first concern and this year they have again earned the thanks of the public for their work. Within the limits of financial stringency, these have been the ideas of the Health Committee and we are grateful for their support. As in former years, it is a pleasant duty to fulfil to record the willing and close co-operation received from other Departments, which lightens to some extent the discouraging effect on the Department of the recent restrictions in expansion.

G. RAMAGE,

County Medical Officer of Health

County Health Department,
County Buildings,
Martin Street,
Stafford.



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SECTION I

COMMITTEES

STAFF

COMMITTEES

The Committee of the County Council concerned with local health services is the Health Committee.

The County Medical Officer also acts as medical adviser to all Committees of the County Council including the Education Committee, Welfare Services Committee and Children's Committee.

HEALTH COMMITTEE

as at 31st December, 1968

Chairman — COUNCILLOR MISS G. JOULES

Vice-Chairman — COUNCILLOR R. F. WRIGHT, Esq.

Ex-Officio Members—

Alderman F. J. OXFORD

Chairman of the County Council

„ H. J. HALL

Vice-Chairman of the County Council

Councillor A. L. GARRATT

Chairman of the Finance Committee

„ G. H. HARRIS

Vice-Chairman of the Finance Committee

Alderman Mrs. H. M. GARDNER Councillor B. M. JONES

„ F. N. SALMON

„ P. E. McELLIN

„ W. F. TRACY

„ G. McEVOY

Councillor Mrs. E. ASHLEY

„ A. NEEDHAM

„ Mrs. L. M. BARKER

„ W. NEWBURY

„ J. J. BEECH

„ J. R. PAUL, M.B.E., M.C.

„ E. H. BEET

„ G. A. POOLE

„ T. CAWLEY

„ M. W. ROBSON

„ S. W. CLARK

„ F. W. SAVILL

„ C. R. CRITCHLOW

„ J. T. STANFORD

„ B. A. GARMAN, T.D.

„ Mrs. M. J. STUBBS

„ G. H. HARRIS

„ H. T. WALTON

„ J. JOHNSON

„ A. G. WYATT

HEALTH DEPARTMENT STAFF

(A) MEDICAL

County Medical Officer of Health

G. RAMAGE, M.A. (Admin.), M.D., CH.B., B.SC., M.R.C.S., L.R.C.P., D.P.H.
Health Department, County Buildings, Stafford.

Deputy County Medical Officer of Health

A. WITHNELL, B.SC., M.D., CH.B., D.P.H. (left 4/8/68)

H. H. JOHN, M.A., M.B., B.CHIR., M.R.C.S., L.R.C.P., D.P.H., D.C.H., D.OBST.,
R.C.O.G. (commenced 1/10/68)

Principal Medical Officer for Maternity and Child Welfare

MAIRIDH A. M. N. GILLATT, M.B., CH.B., D.P.H., D.R.C.O.G.

Principal Medical Officer for Mental Health

W. JOHNSON, M.R.C.S., L.R.C.P.

Medical Officers to Area Health Committees

SHEILA M. DURKIN, M.B., CH.B., D.P.H.

C. E. JAMISON, M.B., B.CH., B.A.O., D.P.H.

W. D. H. MCFARLAND, M.B., B.CH., B.A.O., D.P.H.

J. TOLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

E. H. TOMLIN, M.D., CH.B., D.P.H.

R. WEBSTER, M.B., CH.B., D.T.M. & H., D.P.H.

(B) OTHER MEDICAL

A. BLENCH, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

Senior Administrative Medical Officer for Schools

H. E. WILSON, M.B., CH.B., D.O., D.P.H.

Senior Medical Officer

Medical Officers holding joint M. & C.W. appointments

M. L. BURR, M.B., B.S., D.OBST., R.C.O.G., D.P.H.

C. M. DAVID, M.B., CH.B., D.P.H.

A. G. THOMSON, M.B., CH.B., D.P.H.

J. TOLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

E. .E. H. TOMLIN, M.D., CH.B., D.P.H.

Senior Clinical Medical Officers (Whole-time)

AGNES W. E. BLACK, M.B., B.CH., B.A.O., D.P.H.

BESSIE W. GOODWILL, M.B., CH.B., M.R.C.S., L.R.C.P.

HAZEL R. MEACOCK, M.B., CH.B., D.C.H., D.P.H.

R. WHARTON, M.B., CH.B.

HENRIETTA WILSON, B.A., M.B., B.CHIR.

Whole-time Medical Officers

CYNTHIA J. BLADON, M.B., CH.B., D.P.H.

PEARL I. BLENCH, L.R.C.P., L.R.C.S., L.R.F.P.S.

NORAH M. CLARKE, M.B., CH.B.

Part-time Medical Officers

M. ALLAN, M.B., CH.B., D.P.H.

MARGARET BAMBER, M.B., B.CH., B.A.O., D.P.H.

PATRICIA BASS, L.R.C.P., L.R.C.S., D.OBST., R.C.O.G.

GERTRUDE M. LANGTON, L.R.C.P., M.R.C.S., M.B.B.S.

ROSE MACAULIFFE, M.B., B.CH., B.A.O.

MARGARET OSBORNE, M.B., CH.B.
ELEANOR PRENDIVILLE, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H.
ZOE RICHARDSON, M.B., B.CH., B.A.O.
E. SMITH, M.B., CH.B.
PATRICIA TYLER, M.B., B.CH.
LUCY WILKIN, M.B., B.CH., B.A.O.
JOAN WRIGHT, M.R.C.S., L.R.C.P.
CHRISTINE WILLCOCK, M.B., B.S., M.R.C.S., L.R.C.P.

General Practitioners (Part-time Sessional)

ROSEMARY BAILEY, M.B., B.S.
B. J. BARTLEY, M.B., B.S., M.R.C.S., L.R.C.P.
R. BROWN, M.B., CH.B.
A. H. CHESHIRE, M.B., B.S.L., M.R.C.S., L.R.C.P.
DOROTHY A. FOSTER, M.B., B.CH., B.A.O.
MARY KENDALL, M.B., CH.B.
A. M. MACKAY, M.B., CH.B.
T. R. O'DEMPSEY, M.B., B.CH.
M. RABY, M.B., CH.B., D.OBST., R.C.O.G.
MYRTLE E. SUMMERLEY, M.B., B.CH., D.C.H., CH.B.
K. WATWOOD, M.B., CH.B., L.R.C.P., L.R.C.S.

B.C.G.

A. LEEDHAM, M.R.C.S., L.R.C.P.
MARGARET GRIFFITHS, M.D., M.B., CH.B., M.R.C.P.

(C) OTHER PROFESSIONAL

County Dental Officer

J. C. TIMMIS, L.D.S., R.C.S. (left 2/9/68)
W. MCKAY, L.D.S., R.C.S.(EDIN.) (Commenced 9/9/68)

County Analyst

R. S. HATFULL, F.R.I.C., F.R.S.H.

County Health Inspector

H. PREST, M.I.P.H.E., M.A.P.H.I.

(D) SENIOR ADMINISTRATIVE STAFF

Chief Administrative Assistant

E. E. EVANS

Chief Clerk

N. F. GREENWOOD

(E) OTHER STAFF

County Ambulance Officer

R. G. YATES, F.I.A.O., F.I.C.A.P.

Chief Chiropodist

M. E. ABLOTT, M.CH.S., S.R.CH. (commenced 1/4/68)

Health Education Officer

R. W. ROSSINGTON, M.R.I.P.H.H., DIP.H.ED. (left 30/9/68)

SECTION II

STATISTICAL AND GENERAL INFORMATION

STATISTICS RELATING TO ADMINISTRATIVE
COUNTY

EXTRACT FROM VITAL STATISTICS FOR 1968

AREA AND POPULATION

STATISTICS RELATING TO:—

CANCER

TUBERCULOSIS

CHIEF CAUSES OF DEATH

BIRTHS

DEATHS

GENERAL TABLES

STATISTICS

Area of Administrative County (1966)	.. ..(acres)	657,200
Estimated Home Population of Area 1968 (primarily for Calculation of Birth- and Death-rates or incidence of Notifiable Diseases)	.. .. ..	710,010
Rateable Value at 1st April, 1968 (General County Purposes)	.. .. ..	£24,086,526
Estimated net product of penny rate, 1968-69	.. ..	£101,292

EXTRACT FROM VITAL STATISTICS FOR 1968

Live Births:

Number	.. .. ..	14,011
Rate per 1,000 population	.. .. ..	19.7
Illegitimate Live Births (per cent of total live births)		4.9

Stillbirths:

Number	.. .. ..	190
Rate per 1,000 total live and still births	13

Total Live and Still Births	14,201
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Infant Deaths (deaths under one year)	251
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Infant Mortality Rates:

Total infant deaths per 1,000 total live births	..	18
Legitimate infant deaths per 1,000 legitimate live births	.. .. ..	17
Illegitimate infant deaths per 1,000 illegitimate live births	.. .. ..	27

Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	12
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Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	10
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Perinatal Mortality Rate (still births and deaths under one week combined per 1,000 total live and still births)	..	24
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Maternal Mortality (including abortion):

Number of deaths	4
Rate per 1,000 total live and still births	0.28

OTHER EXTRACTS FROM VITAL STATISTICS OF THE YEAR

Deaths (all ages)	.. .. ..	6,931
Death Rate	.. .. ..	9.8
Deaths from Cancer (all ages) (excluding leukaemia)	..	1,251
Deaths from Enteritis and other Diarrhoeal Diseases (under one year of age)	.. .. ..	3

For comparison purposes, similar statistics are given for England and Wales in the following table:

VITAL STATISTICS — 1968

ENGLAND AND WALES — PERSONS
Estimated Mid-Year Home Population 48,593,000
(provisional data)

	Number	Rate	
Live Births	822,000*	16.9	per 1,000 population
Stillbirths	12,000	14.0	per 1,000 total births
Deaths	577,000	11.9	per 1,000 population
Infant Mortality (deaths under 1 yr. of age)	15,000	18.0	per 1,000 live births
Neonatal Mortality (deaths under 4 wks. of age)	10,100	12.3	per 1,000 live births
Early Neonatal Mortality (deaths under 1 wk. of age)	8,600	10.5	per 1,000 live births
Perinatal Mortality (stillbirths and deaths under 1 wk. of age)	20,600	25.0	per 1,000 total births

* Estimated.

AREA AND POPULATION

Staffordshire Administrative County covers an area of 657,200 acres and contains a population of 710,010 (1968). Local Authorities in the County and their populations are:—

Municipal Boroughs and Urban Districts:

Aldridge-Brownhills U.D.	..	..	86,780
Biddulph U.D.	..	..	16,460
Cannock U.D.	..	..	53,720
Kidsgrove U.D.	..	..	22,230
Leek U.D.	..	..	19,210
Lichfield M.B.	..	..	22,680
Newcastle-under-Lyme M.B.	..	..	76,750
Rugeley U.D.	..	..	18,350
Stafford M.B.	..	..	53,590
Stone U.D.	..	..	10,590
Tamworth M.B.	..	..	35,970
Uttoxeter U.D.	..	..	9,000

Rural Districts:

Cannock R.D.	..	..	41,710
Cheadle R.D.	..	..	39,020
Leek R.D.	..	..	13,540
Lichfield R.D.	..	..	53,180

Newcastle-under-Lyme R.D.	..	..	20,060
Seisdon R.D.	..	..	38,840
Stafford R.D.	..	..	22,370
Stone R.D.	..	..	20,390
Tutbury R.D.	..	..	23,960
Uttoxeter R.D.	..	..	11,610

The County displays a wide variety of landscape types, from the high, ridged millstone grit and limestone areas in the north-east to the flat farmlands of the Trent valley in the east, and from areas of intense industrial activity such as Aldridge-Brownhills to virtually uninhabited beauty spots like Cannock Chase.

Four regions can be distinguished in the County, the north-east uplands, the northern and southern coalfields, and the central belt.

The north-east, an area of Millstone Grit and Carboniferous Limestone, has much in common with Derbyshire; agriculture is extensive, concentrating on stock-breeding, and there are old established textile and metallurgical industries. Leek, Bennett's "metropolis of the moorlands" is the main centre.

The northern coalfield centres on the Potteries which is in reality a cluster of small mining and industrial towns, some within Stoke-on-Trent County Borough, the remainder are in the Administrative County. Coal mining and ceramic industries are old established and the area is a good example of nineteenth century industrial development. Some newer industries have grown up but growth and redevelopment have been slow and much of the last century's legacy remains.

That part of the South Staffordshire coalfield which lies in the Administrative County was developed later in the nineteenth century and settlement was more scattered than in the north. The decline of coalmining in the twentieth century has been more than compensated for by the growth of manufacturing industry stimulated by the adjacent West Midlands Conurbation. The two main centres Cannock and Aldridge-Brownhills have grown considerably in recent years.

The central belt of Keuper marls and Triassic sandstone is, apart from Cannock Chase, a mainly agricultural area. In the twentieth century, however, considerable industrial expansion has occurred in the old market towns of Stafford, Uttoxeter, Rugeley and Lichfield, while Seisdon Rural District and Cannock Rural District in the south-west have seen the growth of a number of commuter settlements.

The population figures as supplied by the Registrar General are primarily given for the calculation of death rates and the incidence of notifiable diseases. The figures are home populations (*i.e.* including members of the armed forces stationed in the area).

Until 1940 Area Comparability Factors supplied by the Registrar General enabled the local death rates to be adjusted for comparison with the crude death-rate of the country as a whole or with the similarly adjusted rate of any other local area. From that year, however, and until 1948, the variety and magnitude of local population movements, and during the war years the uneven incidence of civilian war deaths, together combined to frustrate the attempt to secure such comparability. The factors to adjust local rates were, however, reintroduced in the 1949 Report, and are again included to adjust both birth and death rates.

In the following table the final census population of the Administrative County for 1966 and the estimated home population for mid-1968 are set out.

				<i>Census 1966</i>	<i>Estimated Population Mid-1968</i>
Urban	..	..	..	407,740	425,330
Rural	..	..	..	261,920	284,680
Totals	..	..	..	669,660	710,010

THE ADMINISTRATIVE COUNTY



KEY

County Boroughs

Urban Districts

Municipal Boroughs

Rural Districts

County Boroughs are not included
in the Administrative County

CANCER

In the following table the deaths from Cancer during 1968, in age and sex groups, in the Urban and Rural Districts of the County are shown:—

Age Groups	URBAN DISTRICTS			RURAL DISTRICTS			Grand Total
	Male	Female	Total	Male	Female	Total	
0—	—	—	—	—	—	—	—
1—	—	—	—	1	—	1	1
5—	1	—	1	1	—	1	2
15—	6	4	10	1	1	2	12
25—	2	5	7	2	3	5	12
35—	18	19	37	9	13	22	59
45—	51	48	99	35	32	67	166
55—	111	74	185	67	46	113	298
65—	135	98	233	87	56	143	376
75—	92	106	198	63	64	127	325
TOTALS	416	354	770	266	215	481	1,251

As can be seen from the table the total number of deaths from all forms of cancer during 1968 was 1,251, an increase of 260 over the 1967 figure or a 21% increase.

During 1968 this group of deaths accounted for 18% of the total civilian deaths in the County.

In considering the mortality from Cancer, one must bear in mind that the general mortality from all causes under the age of 45 has, over a long period, become steadily less. This means, therefore, that in every population there exists an increasing number of persons of an age more susceptible to cancer than are younger persons, the statement being supported by the fact that whilst in 1920 48.6% of the deaths from all causes were of persons under 45, the figure has gradually decreased in the subsequent years to 9.5% in 1968.

The increasing number of deaths from cancer are an unwelcome reminder that all the known methods of reducing its onset must be rigorously pursued.

LUNG CANCER

The total number of lung cancer deaths in the County for 1968 was 288, or 23% of the total number of deaths from all forms of this disease. This represents an increase of 27 over the 1967 figure. Of the 288 deaths, 244 were males and 44 were females, the percentage male deaths being 85%.

The following table shows the lung cancer deaths according to age grouping and sex.

Age Groups	URBAN DISTRICTS			RURAL DISTRICTS			Grand Total
	Male	Female	Total	Male	Female	Total	
0—	—	—	—	—	—	—	—
1—	—	—	—	—	—	—	—
5—	—	—	—	—	—	—	—
15—	1	—	1	—	1	1	2
25—	—	—	—	—	—	—	—
35—	7	1	8	1	1	2	10
45—	19	2	21	13	2	15	36
55—	47	11	58	33	4	37	95
65—	56	12	68	39	5	44	112
75 and over ..	18	3	21	10	2	12	33
TOTALS	148	29	177	96	15	111	288

The following has been extracted from “A Report on a Survey of Adults’ and Adolescents’ Smoking Habits and Attitudes” which was carried out on behalf of the Ministry of Health by the Government Social Survey, and illustrates the difficulties to be overcome in people’s attitudes towards the smoking habit.

“Since there are hardly any smokers who have not heard about the alleged lung cancer risk there is clearly no point in increased effort merely to inform the public. Effective communication here must be designed to counter the main sceptical defences of smokers or otherwise convince them that the hazard is one that does apply to themselves personally.

Apart from the outright scepticism about the causal link between smoking and against the acceptance of the personal risk, were arguments of the kind, ‘I don’t smoke enough to be affected’, and ‘I am healthy, others are ill, weak or predisposed’.

Among the beliefs about smoking and lung cancer we encountered four misconceptions which do not appear to be defensively held, in that non-smokers subscribe to them almost as much as smokers. The majority of the public believes that the experts differ amongst themselves about smoking and lung cancer, that doctors smoke as much as other people, that women have as much chance as men of contracting lung cancer and that lung cancer causes fewer

deaths than road accidents. The latter belief is particularly important for the support it gives for one of the logical defences against acceptance of the personal risk of lung cancer. Even where smokers are convinced of the causal connection with smoking, they can take the view that the chances of contracting the illness are too small to be worth worrying about. Since this as well as the three other erroneous beliefs appear to have their source in a widespread lack of information, rather than in defensive rationalisation, they should be easier to correct. Altering these beliefs may not solve the whole problem. But in so far as they are all in the direction of lowering the credence or importance attached to the lung cancer hazard, it could only aid the anti-smoking campaign if steps were taken to correct them."

SMOKING IN PUBLIC PLACES

The following is an extract from a statement made by the Minister of Health in the House of Commons:—

"The Government has considered the suggestions which have been made by many Hon. Members and others that steps should be taken to restrict smoking in such places as cinemas, theatres, restaurants, shops and offices. There is no doubt that many non-smokers feel great discomfort among people smoking in confined places. Breathing smoke-laden air may also aggravate the symptoms of people suffering from certain disabilities such as asthma or bronchitis, in some cases to the extent that they are forced to avoid places or situations in which high concentrations of tobacco smoke might occur, *e.g.* in cinemas. Also, people who have given up smoking or are trying to do so, are subjected to strong group pressure towards smoking if they sit for any length of time in the vicinity of those who are smoking. The number of non-smokers has increased substantially in recent years and they now constitute about 46 per cent of the adult population. Surveys have also shown that even among smokers a substantial minority favour a ban on smoking in cinemas, restaurants and theatres.

The Government feel that it would not be appropriate to seek powers for compulsory restrictions on smoking in such places, but that the proprietors should consider the interests and wishes of their clients and customers in the light of the considerations which I have mentioned, and act accordingly. 'No Smoking' notices have been displayed and respected by the public on a voluntary basis for many years in some big department stores, most concert halls and many theatres. The Government urges other proprietors to consider extending this practice by asking the public not to smoke on their premises or by setting aside parts of large premises such as restaurants, for non-smokers."

Following this the Ministry urged local authorities (particularly those operating transport services) to consider providing separate facilities for non-smokers where appropriate and to generally review the question of smoking in premises administered by the Authority.

In accordance with this request, the Health Committee decided that "No Smoking" notices should be displayed in all Infant Welfare Centres administered by the Health Department and this, in fact, has been put into operation.

CERVICAL AND BREAST CANCER

Deaths from these forms of the disease during 1968 numbered 183, deaths from breast cancer being 115 and deaths from cancer of the uterus being 68. The corresponding figures for 1967 were 125 breast and 43 uterus.

These figures represent a reduction in number of deaths from breast cancer (10) and an increase in the number of deaths from cancer of the uterus (25) for the Administrative County for 1968.

TUBERCULOSIS

The following table shows new cases of tuberculosis notified during 1968 within the County Districts, and deaths from the disease, classified according to age and sex:—

1968 AGE PERIODS	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	—	—	—	—	—	—	—	—
1—	—	—	—	—	—	—	—	—
2—	—	—	—	—	—	—	—	—
5—	1	3	1	—	—	—	—	—
10—	—	—	—	—	—	—	—	—
15—	1	—	—	—	—	—	—	—
20—	3	5	1	1	—	—	—	—
25—	5	2	—	1	—	—	—	—
35—	7	4	—	1	—	2	2	—
45—	10	—	1	—	3	1	2	1
55—	11	1	—	—	—	1	3	1
65—	7	1	—	—	—	1	—	—
75 and upwards	4	1	1	2	4	—	3	—
Age unknown	1	—	—	—	—	—	—	—
TOTALS	50	17	4	5	7	5	10	2

During 1968, 10 deaths occurred from pulmonary tuberculosis and 12 from other forms of this disease, the death-rates being 0.01.

REGISTERS OF DISTRICT MEDICAL OFFICERS OF HEALTH

At the end of the year the following cases were included in the registers of the Medical Officers for the County:—

TOTAL CASES	PULMONARY			NON-PULMONARY		
	M.	F.	Total	M.	F.	Total
3,668	1,659	1,319	2,978	328	362	690

The figures given above indicate that in 1968 there was one case of tuberculosis in every 193 persons, or 5.2 per 1,000 of the population.

The following table gives particulars of primary notifications of tuberculosis notified in the Administrative County each year since 1918, together with the case-rates per 1,000 of the estimated population. Only from 1946 is it possible to divide these figures to show numbers of respiratory and non-respiratory notifications, and the appropriate case-rates are given:—

Year	PRIMARY NOTIFICATIONS			CASE RATE PER 1,000 OF THE POPULATION		
	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)
1918			856			1.37
1919			699			1.04
1920			642			0.92
1921			929			1.29
1922			971			1.37
1923			1,029			1.45
1924			974			1.36
1925			1,232			1.71
1926			1,400			1.93
1927			1,106			1.55
1928			1,194			1.68
1929			1,017			1.43
1930			1,021			1.44
1931			1,129			1.59
1932			1,074			1.50
1933			1,011			1.41
1934			929			1.29
1935			825			1.14
1936			831			1.14
1937			858			1.16
1938			789			1.05
1939			726			0.95
1940			669			0.88
1941			788			1.01
1942			830			1.07
1943			841			1.09
1944			798			1.03
1945			769			1.00
1946	636	139	775	0.80	0.17	0.97
1947	681	132	813	0.84	0.16	1.00
1948	728	124	852	0.88	0.15	1.03
1949	713	124	837	0.85	0.15	1.00
1950	706	101	807	0.83	0.12	0.95
1951	778	123	901	0.91	0.14	1.05
1952	712	93	805	0.83	0.11	0.94
1953	864	94	958	1.00	0.11	1.10
1954	709	99	808	0.81	0.11	0.92
1955	620	76	696	0.70	0.09	0.78
1956	568	55	623	0.63	0.06	0.69
1957	527	53	580	0.57	0.06	0.63
1958	469	54	533	0.56	0.06	0.62
1959	417	38	455	0.44	0.04	0.48
1960	378	37	415	0.39	0.04	0.43
1961	341	42	383	0.34	0.04	0.39
1962	283	59	342	0.28	0.06	0.34
1963	276	45	321	0.27	0.04	0.31
1964	263	48	311	0.25	0.05	0.30
1965	230	43	273	0.21	0.04	0.25
*1966	117	16	133	0.17	0.02	0.20
1967	74	20	94	0.08	0.02	0.10
1968	67	9	76	0.09	0.01	0.10

* reduced County came into operation.

The table below shows the death-rates from tuberculosis in the Urban and Rural Districts of the County from 1940:—

YEAR	DEATH RATE PER 1,000 OF THE POPULATION			
	Pulmonary Tuberculosis		Other forms of Tuberculosis	
	Urban	Rural	Urban	Rural
1940	0.51	0.29	0.11	0.06
1941	0.57	0.33	0.16	0.14
1942	0.52	0.34	0.13	0.10
1943	0.55	0.29	0.11	0.07
1944	0.52	0.25	0.10	0.07
1945	0.56	0.22	0.11	0.09
1946	0.49	0.28	0.08	0.06
1947	0.47	0.28	0.09	0.07
1948	0.51	0.33	0.07	0.05
1949	0.45	0.22	0.06	0.03
1950	0.39	0.20	0.06	0.06
1951	0.37	0.12	0.05	0.04
1952	0.27	0.07	0.04	0.04
1953	0.19	0.10	0.04	0.00
1954	0.18	0.13	0.04	0.03
1955	0.10	0.04	0.01	0.01
1956	0.13	0.07	0.01	0.00
1957	0.10	0.01	0.01	0.01
1958	0.09	0.05	0.01	0.01
1959	0.09	0.06	0.01	0.01
1960	0.07	0.04	0.01	0.01
1961	0.05	0.05	0.01	0.00
1962	0.06	0.03	0.00	0.01
1963	0.05	0.04	0.01	0.01
1964	0.03	0.01	0.00	0.01
1965	0.03	0.03	0.00	0.00
*1966	0.05	0.02	0.00	0.00
1967	0.01	0.00	0.00	0.00
1968	0.00	0.00	0.00	0.00

* reduced County came into operation.

TABLE SHOWING CHIEF CAUSES OF DEATH

<i>Condition</i>	<i>Number of Deaths</i>
Heart Disease	2,106
Cancer (all forms)	1,286
Cerebrovascular Disease	952
Pneumonia	415
Bronchitis and Emphysema	355
Other forms of Circulatory Disease	350
Hypertensive Disease	137
Accidents (General)	125
Motor Vehicle Accidents	120
Other diseases of Respiratory System	92
Congenital Anomalies	81
Other diseases of Digestive System	73
TOTAL	<u>6,092</u>
Total number of deaths from <i>all</i> causes	<u>6,932</u>
The numbers of deaths listed above represent 88 per cent of the total deaths.	

BIRTHS

The number of births in the Administrative County amounted to 14,201, the number in the Urban Districts being 8,386 and in the Rural Districts 5,815.

LIVE BIRTH-RATE PER 1,000 OF POPULATION												
DISTRICTS	5 yrs. 1914- 1918	5 yrs. 1919- 1923	5 yrs. 1924- 1928	5 yrs. 1929- 1933	5 yrs. 1934- 1938	5 yrs. 1939- 1943	5 yrs. 1944- 1948	5 yrs. 1949- 1953	5 yrs. 1954- 1958	5 yrs. 1959- 1963	5 yrs. 1964- 1968	
{ Combined Urban and Rural .. Urban .. Rural .. Staffordshire	24.0	24.1	20.2	17.6	17.1	18.3	19.9	16.2	16.2	18.2	19.9	
	25.0	25.0	20.7	18.1	17.5	18.9	20.4	16.4	16.3	18.2	19.7	
	21.6	22.0	19.0	16.6	15.7	16.7	18.5	15.6	15.9	17.9	20.1	
England and Wales ..	20.4	21.3	17.8	15.6	14.9	15.2	18.2	15.8	15.7	17.4	17.5	

DEATHS

The number of deaths in the Administrative County amounted to 6,931, the number in the Urban Districts being 4,241 and in the Rural Districts 2,690.

DEATH-RATE PER 1,000 OF POPULATION												
DISTRICTS	5 yrs. 1914- 1918	5 yrs. 1919- 1923	5 yrs. 1924- 1928	5 yrs. 1929- 1933	5 yrs. 1934- 1938	5 yrs. 1939- 1943	5 yrs. 1944- 1948	5 yrs. 1949- 1953	5 yrs. 1954- 1958	5 yrs. 1959- 1963	5 yrs. 1964- 1968	
{ Combined Urban and Rural .. Urban .. Rural .. Staffordshire	15.0	12.3	11.4	11.6	11.3	11.2	10.4	10.5	10.5	10.0	9.7	
	15.5	12.6	11.5	11.8	11.3	11.2	10.4	10.7	10.5	10.0	9.8	
	13.8	11.6	11.2	11.2	11.2	11.0	10.4	10.0	10.3	9.9	9.6	
England and Wales ..	15.2	12.5	12.0	12.3	11.9	12.6	11.5	11.7	11.6	11.8	11.6	

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1968 IN THE ADMINISTRATIVE COUNTY OF STAFFORDSHIRE.

Aggregate of Urban Districts.

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS									75 and over
					1-	5-	15-	25-	35-	45-	55-	65-		
Enteritis and other Diarrhoeal Diseases	M	1	-	1	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
Tuberculosis of Respiratory System	M	2	-	-	-	-	-	-	-	-	-	2	-	
	F	2	-	-	-	-	-	-	-	1	1	-	-	
Other Tuberculosis, including late effects	M	4	-	-	-	-	-	-	-	2	-	-	2	
	F	2	-	-	-	-	-	-	-	1	1	-	-	
Measles	M	1	-	-	1	-	-	-	-	-	-	-	-	
	F	1	-	-	-	1	-	-	-	-	-	-	-	
Syphilis and its Sequelae	M	1	-	-	-	-	-	-	-	-	-	1	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other Infective and Parasitic Diseases	M	2	-	1	-	-	-	-	-	1	-	-	-	
	F	3	1	-	-	-	-	-	1	-	1	-	-	
Malignant Neoplasm—Stomach	M	65	-	-	-	-	-	-	4	4	18	19	20	
	F	27	-	-	-	-	-	-	-	2	3	4	18	
Malignant Neoplasm—Lung, Bronchus	M	148	-	-	-	-	1	-	7	19	47	56	18	
	F	29	-	-	-	-	-	-	1	2	11	12	3	
Malignant Neoplasm—Breast	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	74	-	-	-	-	-	2	6	8	17	20	21	
Malignant Neoplasm—Uterus	F	39	-	-	-	-	-	1	4	12	13	5	4	
Leukaemia	M	8	-	-	1	2	2	-	-	-	1	2	-	
	F	10	-	-	-	-	1	3	1	-	1	1	3	
Other Malignant Neoplasms,	M	203	-	-	-	1	5	2	7	28	46	60	54	
	F	185	-	-	-	-	4	2	8	24	30	57	60	
Benign and Unspecified Neoplasms	M	9	-	-	1	-	-	-	-	2	4	-	2	
	F	1	-	-	-	-	-	-	-	-	1	-	-	
Diabetes Mellitus	M	18	-	-	-	1	1	-	-	1	-	10	5	
	F	25	-	-	-	-	-	-	-	1	2	13	9	
Avitaminoses, etc.	M	1	-	-	-	-	-	-	-	-	-	1	-	
	F	1	-	1	-	-	-	-	-	-	-	-	-	
Other Endocrine etc. Diseases	M	4	-	-	-	2	-	-	-	-	1	-	1	
	F	7	-	1	-	-	-	-	-	-	1	1	4	
Anaemias	M	6	-	-	-	-	-	-	-	-	2	2	2	
	F	11	-	-	-	-	-	-	-	1	-	4	6	
Other Diseases of Blood, etc.	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	3	-	-	-	-	-	-	-	-	-	2	1	
Mental Disorders	M	2	-	-	-	-	-	-	-	-	-	2	-	
	F	7	-	-	-	-	-	-	-	3	1	1	2	
Meningitis	M	3	1	1	-	-	-	-	-	1	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other Diseases of Nervous System	M	24	-	2	3	-	2	1	1	1	1	6	7	
	F	23	-	-	1	1	2	1	3	3	1	7	4	
Active Rheumatic Fever	M	1	-	-	-	-	-	-	-	-	1	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Chronic Rheumatic Heart Disease	M	28	-	-	-	-	1	-	4	4	7	9	3	
	F	38	-	-	-	-	-	-	3	4	12	11	8	
Hypertensive Disease	M	37	-	-	-	-	-	-	-	1	12	10	14	
	F	47	-	-	-	-	-	-	-	2	7	14	24	
Ischaemic Heart Disease	M	599	-	-	-	-	-	3	26	77	142	178	173	
	F	378	-	-	-	-	-	1	1	7	32	121	216	
Other forms of Heart Disease	M	98	-	-	-	-	-	2	-	3	7	28	58	
	F	157	-	-	-	-	1	-	2	4	6	29	115	
Cerebrovascular Disease	M	240	-	-	-	-	-	1	3	12	47	75	102	
	F	316	-	-	-	-	1	-	3	8	26	82	196	
Other Diseases of Circulatory System	M	95	-	-	-	-	-	-	-	6	9	21	59	
	F	132	-	-	-	-	-	1	-	2	5	23	101	
Influenza	M	19	-	-	-	-	-	-	-	1	3	6	9	
	F	24	-	-	-	-	-	-	-	1	3	6	14	
Pneumonia	M	125	3	1	-	-	-	-	2	9	9	40	61	
	F	117	2	3	-	-	-	2	-	6	6	22	76	
Bronchitis and Emphysema	M	172	-	-	-	-	-	-	1	6	39	62	64	
	F	54	-	-	-	-	-	-	2	5	10	12	25	
Asthma	M	1	-	-	-	-	-	-	-	-	-	-	1	
	F	4	-	-	1	-	-	-	-	1	1	-	1	
Other Diseases of Respiratory System	M	38	1	3	-	-	-	-	-	5	6	12	11	
	F	22	-	3	3	-	1	-	1	-	2	1	11	
Peptic Ulcer	M	17	-	-	-	-	-	-	1	-	1	7	8	
	F	11	-	-	-	-	-	-	-	1	2	1	7	
Intestinal Obstruction and Hernia	M	7	-	-	-	-	-	1	-	1	1	2	2	
	F	8	1	-	-	-	-	-	1	-	3	1	2	
Cirrhosis of Liver	M	4	-	-	-	-	-	-	-	1	1	1	1	
	F	5	-	-	-	-	-	-	-	1	3	-	1	
Other Diseases of Digestive System	M	16	-	-	-	-	-	1	2	-	5	5	3	
	F	19	-	-	-	-	-	-	1	2	2	5	9	
Nephritis and Nephrosis	M	15	-	1	-	1	-	2	1	2	4	2	2	
	F	7	-	-	-	-	-	-	2	-	-	1	4	

Aggregate of Urban Districts continued.

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
					1–	5–	15–	25–	35–	45–	55–	65–	75 and over
Hyperplasia of Prostate ...	M	17	–	–	–	–	–	–	–	–	–	3	14
Other Diseases	M	14	–	–	–	–	–	–	–	2	1	5	6
Genito-Urinary System	F	26	–	–	–	–	–	–	1	3	2	8	12
Other Complications of													
Pregnancy, etc. ...	F	2	–	–	–	–	–	2	–	–	–	–	–
Diseases of Skin,	M	3	–	–	–	–	–	–	1	–	1	–	1
Subcutaneous Tissue ...	F	2	–	–	–	–	–	–	–	–	–	1	1
Diseases of Musculo-Skeletal	M	5	–	–	–	–	–	–	–	–	3	–	2
System ...	F	15	–	–	–	–	–	–	–	2	2	3	8
Congenital Anomalies ...	M	18	7	5	2	–	–	–	1	–	2	1	–
	F	27	14	8	2	2	–	–	–	–	–	1	–
Burth Injury, Difficult Labour	M	22	22	–	–	–	–	–	–	–	–	–	–
etc. ...	F	19	19	–	–	–	–	–	–	–	–	–	–
Other Causes of Peri-Natal	M	22	22	–	–	–	–	–	–	–	–	–	–
Mortality ...	F	18	18	–	–	–	–	–	–	–	–	–	–
Symptoms and Ill-defined	M	9	–	–	–	–	–	–	–	–	–	–	9
Conditions ...	F	33	–	–	–	–	–	–	–	–	–	3	30
Motor Vehicle Accidents ...	M	43	–	–	2	5	15	3	7	1	4	2	4
	F	16	–	–	2	4	1	1	–	2	1	3	2
All Other Accidents ...	M	47	1	6	4	1	6	3	1	3	4	9	9
	F	38	1	5	1	–	–	1	1	1	1	6	21
Suicide and Self-nflicted	M	23	–	–	–	–	3	1	3	3	5	7	1
Injuries ...	F	10	–	–	–	–	1	–	–	2	5	1	1
All other External Causes ...	M	7	–	1	–	–	2	–	–	1	2	1	–
	F	1	–	–	–	–	–	–	–	1	–	–	–
TOTAL ALL CAUSES ...	M	2,244	57	22	14	13	38	20	72	197	436	647	728
	F	1,997	56	21	10	8	12	17	42	113	215	482	1,021

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1968 IN THE ADMINISTRATIVE COUNTY OF STAFFORDSHIRE.

Aggregate of Rural Districts.

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
					1–	5–	15–	25–	35–	45–	55–	65–	75 and over
Enteritis and other Diarrhoeal	M	2	–	1	–	–	–	–	1	–	–	–	–
Diseases ...	F	1	–	1	–	–	–	–	–	–	–	–	–
Tuberculosis of Respiratory	M	3	–	–	–	–	–	–	–	1	–	–	2
System ...	F	3	–	–	–	–	–	–	2	–	–	1	–
Other Tuberculosis, including	M	6	–	–	–	–	–	–	2	–	3	–	1
late effects ...	F	–	–	–	–	–	–	–	–	–	–	–	–
Other Infective and Parasitic	M	7	1	3	–	1	–	–	–	–	1	1	–
Diseases ...	F	6	–	2	–	–	–	–	–	1	1	1	1
Malignant Neoplasm—	M	35	–	–	–	–	–	–	1	5	9	11	9
Stomach ...	F	16	–	–	–	–	–	–	–	1	4	3	8
Malignant Neoplasm—	M	96	–	–	–	–	–	–	1	13	33	39	10
Lung, Bronchus...	F	15	–	–	–	–	1	–	1	2	4	5	2
Malignant Neoplasm—	M	–	–	–	–	–	–	–	–	–	–	–	–
Breast ...	F	41	–	–	–	–	–	7	9	7	7	10	8
Malignant Neoplasm—Uterus	F	29	–	–	–	–	1	3	5	13	13	4	3
Leukaemia ...	M	10	–	–	–	1	–	–	1	1	1	3	3
	F	7	–	–	–	–	–	–	2	–	3	1	1
Other Malignant Neoplasms,	M	135	–	–	1	1	1	2	7	17	25	37	44
etc. ...	F	114	–	–	–	–	–	2	2	15	18	34	43
Benign and Unspecified	M	3	–	–	–	–	–	–	–	1	1	–	1
Neoplasms ...	F	–	–	–	–	–	–	–	–	–	–	–	–
Diabetes Mellitus ...	M	12	–	–	–	–	–	–	–	1	1	9	1
	F	11	–	–	–	–	–	–	1	–	2	4	0
Other Endocrine etc. Diseases	M	3	–	–	–	1	–	–	–	–	1	–	1
	F	8	–	–	–	–	–	–	–	1	1	3	3
Anaemias ...	M	4	–	–	–	–	–	–	–	–	–	3	1
	F	4	–	–	–	–	–	–	1	–	–	1	2
Mental Disorders ...	M	4	–	–	–	–	1	–	1	–	–	–	2
	F	6	–	–	–	–	–	–	–	–	–	2	4
Meningitis ...	M	1	–	1	–	–	–	–	–	–	–	–	–
	F	2	1	–	–	–	–	–	–	1	–	–	–
Other Diseases of Nervous	M	9	–	–	–	–	1	–	2	1	2	2	1
System, etc. ...	F	4	–	–	–	–	–	1	–	–	1	1	1

Aggregate of Rural District continued

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over
Chronic Rheumatic Heart Disease ...	M	19	—	—	—	—	—	—	—	5	8	2	4
	F	26	—	—	—	1	—	—	1	4	12	4	4
Hypertensive Disease ...	M	24	—	—	—	—	—	—	—	5	6	5	8
	F	29	—	—	—	—	—	—	—	1	4	7	17
Ischaemic Heart Disease ...	M	364	—	—	—	—	—	3	10	36	85	114	116
	F	239	—	—	—	—	—	—	4	4	24	66	141
Other forms of Heart Disease	M	69	—	—	1	—	—	1	2	—	17	12	36
	F	91	—	—	—	—	—	—	1	3	1	24	62
Cerebrovascular Disease ...	M	161	—	—	—	—	1	—	2	6	20	59	73
	F	235	—	—	—	—	—	—	2	8	19	60	146
Other Diseases of Curculatory System ...	M	67	—	—	—	—	—	1	—	—	2	24	40
	F	56	—	—	—	—	—	—	—	1	8	8	39
Influenza ...	M	7	—	—	—	—	—	—	1	—	—	4	2
	F	8	—	—	—	—	—	—	—	—	1	4	3
Pneumonia ...	M	89	2	4	1	—	1	2	1	2	12	21	43
	F	84	1	2	2	—	—	1	—	2	11	14	51
Bronchitis and Emphysema...	M	97	—	—	1	—	—	—	1	5	22	35	33
	F	32	—	—	—	—	—	—	—	3	3	12	14
Asthma ...	M	2	—	—	—	—	—	—	—	—	1	1	—
	F	4	—	—	—	—	1	—	—	1	1	1	—
Other Diseases of Respiratory System ...	M	17	1	1	2	1	—	—	—	1	2	7	2
	F	15	—	2	1	—	—	—	—	—	4	1	7
Peptic Ulcer ...	M	9	—	—	—	—	—	—	—	2	1	2	4
	F	1	—	—	—	—	—	—	—	—	1	—	—
Appendicitis ...	M	2	—	—	—	1	—	—	—	—	—	1	—
	F	1	—	—	—	—	—	—	—	1	—	—	—
Intestinal Obstruction and Hernia ...	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	4	—	—	—	—	—	—	—	—	2	—	2
Cirrhosis of Liver ...	M	3	—	—	—	—	—	—	—	—	3	—	—
	F	3	—	—	—	—	—	—	—	—	2	—	1
Other Diseases of Digestive System ...	M	13	1	—	—	—	—	—	—	—	4	5	3
	F	25	—	—	—	—	—	—	—	2	2	8	13
Nephritis and Nephrosis ...	M	13	—	—	—	—	1	1	2	1	4	—	4
	F	4	—	—	—	—	1	—	—	1	—	1	1
Hyperplasia of Prostate ...	M	8	—	—	—	—	—	—	—	—	—	1	7
Other Diseases, Genito-Urinary System	M	9	—	—	—	—	—	—	1	—	—	1	7
	F	7	—	—	—	—	—	—	—	—	2	2	3
Abortion ...	F	1	—	—	—	—	—	—	1	—	—	—	—
Other Complications of Pregnancy, etc. ...	F	1	—	—	—	—	—	—	1	—	—	—	—
Diseases of Skin, Subcutaneous Tissue ...	M	2	—	—	—	—	—	—	—	—	1	1	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
Diesases of Musculo-Skeletal System ...	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	7	—	—	—	—	—	—	1	—	—	4	2
Congenital Anomalies ...	M	26	7	13	—	—	—	—	2	—	2	—	1
	F	10	5	—	3	—	—	—	1	—	1	—	—
Birth Injury, Difficult Labour,	M	13	13	—	—	—	—	—	—	—	—	—	—
	F	7	7	—	—	—	—	—	—	—	—	—	—
Other Causes of Peri-Natal Mortality ...	M	9	9	—	—	—	—	—	—	—	—	—	—
	F	10	10	—	—	—	—	—	—	—	—	—	—
Symptoms and Ill-defined Conditions ...	M	10	—	—	—	—	—	—	—	—	—	—	10
	F	21	—	—	—	—	—	—	—	—	—	1	20
Motor Vehicle Accidents ...	M	40	—	—	3	2	12	6	2	1	6	4	4
	F	21	—	1	—	2	5	2	—	3	3	4	1
All other Accidents ...	M	25	—	1	—	1	3	5	—	3	4	2	6
	F	15	—	2	—	—	—	—	—	—	4	2	7
Suicide and Self-inflicted Injuries ...	M	10	—	—	—	—	1	3	5	3	3	2	2
	F	6	—	—	—	—	—	—	1	2	1	1	1
All other External Causes ...	M	7	—	1	—	—	—	1	1	3	—	1	—
	F	3	1	1	—	—	—	—	—	1	—	—	—
TOTAL ALL CAUSES ...	M	1,456	34	25	9	9	22	25	46	113	280	411	482
	F	1,234	25	11	6	3	8	7	32	72	160	294	617

Table showing Population, Number of Persons per acre, Birth and Death-rates as well as the Death-rates at all ages and among Children under 1 year, and Death rates from certain causes.

URBAN

DISTRICT	Population at all ages		Number of persons per acre	Crude Live Birth-rate per 1,000 of Population	Adjusted Live Birth-rate by comparability factor	Still-births, Rate per 1,000 total births	Crude death-rate per 1,000 of Population	Adjusted death-rate by comparability factor	Perinatal Mortality rate per 1,000 total births (Infants under 4 weeks of age)	Mortality in children under one year per 1,000 registered live births	Death Rate per 1,000 Population							
	Census 1966	Estimated 1968									Tuberculosis Respiratory	Ischaemic Heart Disease	Malignant Neoplasm	Bronchitis and Emphysema	Pneumonia	Other Diseases of Respiratory System	Nephritis and Nephrosis	Congenital Anomalies
Aldridge-Brownhills	82,780	86,780	6.6	21.0	15.7	11.0	7.2	12.2	21.0	16.0	0.01	1.54	1.5	0.48	0.43	0.13	0.09	0.09
Biddulph	16,100	16,460	2.5	20.0	18.4	9.0	10.7	15.1	21.0	18.0	—	2.73	1.64	0.49	0.79	0.12	0.12	0.12
Cannock	51,980	53,720	4.9	19.1	18.5	16.0	10.2	11.2	29.0	21.0	—	2.14	1.38	0.74	0.35	0.17	0.02	0.17
Kidsgrove	21,440	22,230	5.4	17.1	15.9	13.0	8.6	13.0	31.0	29.0	—	2.11	1.98	0.18	0.31	0.27	0.13	—
Leek	19,230	19,210	4.5	15.9	17.4	7.0	15.4	12.5	20.0	20.0	0.05	3.02	2.92	0.68	0.94	0.05	—	0.16
Lichfield	19,690	22,680	6.3	24.1	21.6	9.0	9.6	10.7	18.0	15.0	—	1.76	1.37	0.53	0.44	0.49	0.09	—
Newcastle	75,790	76,750	8.7	15.7	14.9	12.0	11.3	13.9	26.0	23.0	—	2.54	2.33	0.55	0.69	0.08	0.03	0.06
Rugeley	17,240	18,350	6.4	28.9	25.8	9.0	7.0	11.5	19.0	19.0	—	1.63	1.31	0.98	0.38	0.22	—	0.16
Stafford	51,480	53,590	10.5	18.0	17.6	17.0	11.5	10.5	30.0	18.0	—	3.38	1.83	0.39	1.08	0.09	—	0.15
Stone	10,210	10,590	5.4	18.7	19.0	20.0	12.7	10.4	30.0	10.0	—	2.83	2.36	0.47	0.38	0.09	—	0.09
Tamworth	32,910	35,970	4.7	23.4	22.0	12.0	9.0	10.5	18.0	14.0	0.06	2.17	1.45	0.44	0.31	0.11	—	0.14
Uttoxeter	8,890	9,000	2.6	15.2	14.9	7.0	12.7	13.3	14.0	29.0	—	2.67	3.33	0.22	0.56	—	0.44	0.11
Totals and Averages	407,740	425,330	5.8	19.5	17.7	13.0	10.0	12.0	24.0	19.0	0.04	2.38	1.95	0.51	0.56	0.17	0.13	0.13

RURAL

DISTRICT	Population at all ages		Mean area per person in acres	Crude Live Birth-rate per 1,000 of Population	Adjusted Live Birth-rate by comparability factor	Still-births, Rate per 1,000 total births	Crude death-rate per 1,000 of Population	Adjusted death-rate by comparability factor	Perinatal Mortality rate per 1,000 total births (Infants under 4 weeks of age)	Mortality in children under one year per 1,000 registered live births	Death Rate per 1,000 Population							
	Census 1966	Estimated 1968									Tuberculosis Respiratory	Ischaemic Heart Disease	Malignant Neoplasm	Bronchitis & Emphysema	Pneumonia	Other Diseases of Respiratory System	Nephritis and Nephrosis	Congenital Anomalies
Cannock ..	36,900	41,710	1.4	27.9	23.4	13.0	7.6	11.4	24.0	22.0	—	1.70	1.39	0.48	0.31	0.10	0.05	0.26
Cheadle ..	34,670	39,020	1.5	18.9	18.9	9.0	12.4	11.2	15.0	16.0	0.05	2.46	2.23	0.44	1.23	0.05	0.05	0.13
Leek ..	13,160	13,540	5.3	15.8	16.1	9.0	10.1	12.1	23.0	28.0	0.07	1.70	1.55	0.30	0.44	0.37	0.07	0.07
Lichfield ..	49,900	53,180	1.6	25.0	24.0	19.0	10.6	11.0	30.0	20.0	0.04	2.39	1.47	0.51	1.03	0.11	0.02	0.24
Newcastle ..	18,260	20,060	2.0	13.0	12.4	11.0	10.5	11.3	15.0	4.0	—	2.84	1.99	0.60	0.50	0.25	—	—
Seisdon ..	36,540	38,840	1.1	15.8	12.4	18.0	7.9	11.9	26.0	13.0	—	1.85	1.52	0.46	0.41	0.05	0.15	0.05
Stafford ..	19,290	22,370	3.6	19.2	18.8	18.0	7.4	9.5	23.0	7.0	—	1.34	1.61	0.45	0.27	0.09	0.09	0.04
Stone ..	20,630	20,390	3.0	15.0	14.2	13.0	10.6	12.7	23.0	10.0	0.05	2.50	2.11	0.39	0.39	0.20	0.05	0.05
Tutbury ..	21,550	23,960	1.3	21.9	21.4	13.0	7.6	9.9	23.0	17.0	—	2.05	1.75	0.38	0.38	0.04	0.08	0.08
Uttoxeter ..	11,020	11,610	4.9	13.4	17.0	13.0	9.3	12.8	13.0	6.0	—	2.33	1.46	0.34	0.17	0.09	—	—
Totals and Averages ..	261,920	284,680	2.1	19.5	18.6	15.0	9.5	11.3	23.0	17.0	0.07	2.12	1.71	0.44	0.51	0.14	0.07	0.11

Deaths occurring during the year 1968 classified according to Diseases and Localities, together with Births occurring during the year.

URBAN

DISTRICT	Live Births	Still Births	Deaths from all causes	Deaths of Infants			Enteritis and other Diarrhoeal Diseases	Tuberculosis of Respiratory System	Other Tuberculosis including late effects	Measles	Syphilis and its sequelae	Other Infective and Parasitic Diseases	Leukaemia	Malignant Neoplasm					Benign and Unspecified Neoplasms etc.	Diabetes Mellitus	Advitaminoses etc.	Other Endocrine etc. Diseases	Anaemias	Other Diseases of the Blood etc.	Mental Disorders	Meningitis	Other Diseases of Nervous System etc.	Active Rheumatic Fever	Chronic Rheumatic Heart Disease	
				Under one year of age	Under four weeks of age	Under one week of age								Stomach	Lung, Bronchus	Breast	Uterus	Other Malignant Neoplasms etc.												
Aldridge-Brownhills ..	1,819	21	628	30	21	18	—	1	2	—	—	—	3	15	25	9	4	77	3	6	—	—	2	3	1	2	—	8	—	7
Biddulph ..	329	3	176	6	4	4	—	—	—	—	—	—	2	1	4	2	2	18	—	3	—	1	—	—	—	1	—	—	—	4
Cannock ..	1,026	17	550	22	15	13	—	—	—	—	—	1	3	13	13	8	5	35	—	7	—	—	2	2	—	—	1	7	1	10
Kidsgrove ..	381	5	191	11	8	7	1	—	—	—	—	1	—	6	7	4	5	22	—	3	—	—	—	1	—	—	1	—	—	4
Leek ..	305	2	295	6	6	4	—	1	—	—	—	1	—	7	15	3	1	30	1	1	—	—	—	1	1	—	8	—	—	4
Lichfield ..	547	5	218	8	6	5	—	—	1	—	—	1	1	3	8	3	1	16	—	1	—	—	3	2	—	—	—	1	—	2
Newcastle ..	1,207	15	866	28	23	17	—	—	2	—	1	—	4	24	45	19	11	80	2	5	—	—	2	3	—	2	1	13	—	18
Rugeley ..	527	5	128	10	7	5	—	—	—	1	—	—	—	3	5	2	2	12	—	2	—	—	—	2	—	—	—	1	—	1
Stafford ..	963	17	616	17	13	12	—	—	1	1	—	1	3	7	23	9	5	54	2	6	—	—	1	—	—	2	—	4	—	7
Stone ..	198	4	135	2	2	2	—	—	—	—	—	—	2	1	9	4	—	11	1	2	—	—	—	—	—	—	3	—	2	
Tamworth ..	842	10	324	12	7	5	—	2	—	—	—	—	—	8	14	8	1	21	1	6	—	—	1	3	—	1	—	2	—	7
Uttoxeter ..	137	1	114	4	1	1	1	—	—	—	—	—	—	4	9	3	2	12	—	1	—	—	—	—	1	1	—	—	—	—
TOTALS ..	8,281	105	4,241	156	113	93	2	4	6	2	1	5	18	92	177	74	39	388	10	43	2	11	17	3	9	3	47	1	66	

Deaths occurring during the year 1968 classified according to Disease and Localities together with Births occurring during the year.

URBAN

DISTRICT	Hypertensive Disease	Ischaemic Heart Disease	Other Forms of Heart Disease	Cerebrovascular Disease	Other Diseases of Circulatory System	Influenza	Pneumonia	Bronchitis and Emphysema	Asthma	Other Diseases of Respiratory System	Pepic Ulcer	Intestinal Obstruction and Hernia	Cirrhosis of Liver	Nephritis and Nephrosis	Hyperplasia of Prostate	Other Diseases of Digestive System	Other Diseases of Genito-Urinary System	Other Complications of Pregnancy etc.	Diseases of Skin, Subcutaneous Tissue	Diseases of Musculo-Skeletal System	Congenital Anomalies	Birth Injury, Difficult Labour etc.	Other Causes of Peri-Natal Mortality	Symptoms and Ill-defined Conditions	Motor Vehicle Accidents	All Other Accidents	Suicide and Self-inflicted Injuries	All Other External Causes
Aldridge-Brownhills ..	13	134	43	60	20	4	37	42	—	11	3	1	2	8	1	8	7	—	2	2	8	3	12	1	16	14	8	—
Biddulph ..	7	45	12	22	10	2	13	8	—	2	—	2	—	2	1	—	—	—	1	—	3	—	2	1	—	3	2	1
Cannock ..	8	115	56	77	41	17	19	40	—	9	2	2	2	1	3	2	7	2	2	—	9	8	2	1	11	7	1	—
Kidsgrove ..	4	47	3	20	13	—	7	7	1	6	1	1	—	3	—	5	4	—	—	—	1	—	3	2	1	1	4	—
Leek ..	9	58	23	45	8	1	18	13	—	1	4	—	—	—	—	3	5	—	1	3	3	3	2	4	3	9	3	1
Lichfield ..	3	40	9	24	17	2	10	12	—	11	3	1	—	2	1	1	1	—	—	1	—	1	4	21	7	4	—	—
Newcastle ..	12	195	44	128	38	10	53	42	3	6	6	4	2	2	2	8	7	—	—	6	5	11	5	5	9	23	5	3
Rugeley ..	1	30	5	11	2	2	7	18	1	4	—	1	—	—	—	1	1	—	—	—	3	3	2	—	1	2	2	—
Stafford ..	19	181	29	73	33	—	58	21	—	5	4	—	2	—	7	4	5	—	1	2	8	5	5	4	5	13	5	1
Stone ..	3	30	7	24	10	1	4	5	—	1	2	1	1	—	—	—	2	—	—	1	1	1	1	—	2	2	1	—
Tamworth ..	4	78	16	49	32	1	11	16	—	4	1	2	—	—	2	3	—	—	—	3	5	2	3	4	4	4	5	—
Uttoxeter ..	1	24	8	23	3	3	5	2	—	—	2	—	—	4	—	—	1	—	—	1	1	1	—	—	—	—	1	—
TOTALS ..	84	977	255	556	227	43	242	226	5	60	28	15	9	22	17	35	40	2	5	20	45	41	40	42	59	85	33	8

RURAL

DISTRICT	Live Births	Still Births	Deaths from All Causes	Deaths of Infants			Enteritis and other Diarrhoeal Diseases	Tuberculosis of Respiratory System	Other Tuberculosis including late effects	Other Infective and Parasitic Diseases	Leukaemia	Malignant Neoplasm				Benign and Unspecified Neoplasms etc.	Diabetes Mellitus	Other Endocrine etc. Diseases	Anaemias	Mental Disorders	Meningitis	Other Diseases of Nervous System etc.	Chronic Rheumatic Heart Disease	Hypertensive Disease	Ischaemic Heart Disease	Other forms of Heart Disease	Cerebrovascular Disease	Other Diseases of Circulatory System
				Under one year of age	Under four weeks of age	Under one week of age						Stomach	Lung, Bronchus	Breast	Uterus	Other Malignant Neoplasms etc.												
Cannock	1,162	15	318	25	15	13	—	—	2	—	2	7	11	4	—	36	—	2	—	3	—	—	6	10	71	11	47	13
Cheadle	738	7	483	12	7	4	—	2	1	3	4	11	16	8	5	47	—	6	2	—	4	2	4	9	96	45	63	32
Leek	214	2	137	6	5	3	—	1	—	—	1	5	3	2	—	11	1	2	1	1	—	—	1	2	23	9	30	6
Lichfield	1,329	26	564	27	16	15	—	2	2	6	3	8	19	6	5	40	—	5	2	2	4	2	2	7	127	24	85	24
Newcastle	261	3	210	1	1	1	—	—	—	—	3	4	8	3	3	22	—	1	1	1	—	—	7	7	57	7	30	6
Seisdon	612	11	304	8	5	5	1	—	—	3	3	2	24	5	2	26	2	—	2	—	1	—	—	6	72	9	50	8
Stafford	429	8	166	3	2	2	—	—	—	1	—	5	6	2	4	19	—	5	2	—	—	1	4	3	30	8	20	12
Stone	305	4	217	3	3	3	1	1	—	—	1	4	9	4	5	21	—	1	1	1	1	2	3	3	51	15	36	10
Tutbury	525	7	183	9	5	5	—	—	1	—	—	2	10	6	3	21	—	1	—	—	—	2	1	4	49	16	16	5
Uttoxeter	155	2	108	1	—	—	1	—	—	—	—	3	5	1	2	6	—	—	—	—	—	2	2	2	27	16	19	7
TOTALS	5,730	85	2,690	95	59	51	3	6	6	13	17	51	111	41	29	249	3	23	11	8	10	3	13	53	603	160	396	123

RURAL

DISTRICT	Influenza	Pneumonia	Bronchitis and Emphysema	Asthma	Other Diseases of Respiratory System	Peptic Ulcer	Intestinal Obstruction and Hernia	Cirrhosis of Liver	Abortion	Appendicitis	Nephritis and Nephrosis	Hyperplasia of Prostate	Other Diseases of Digestive System	Other Diseases of Genito-Urinary System	Other Complications of Pregnancy etc	Diseases of Skin, Subcutaneous Tissue	Diseases of Musculo-Skeletal System	Congenital Anomalies	Birth Injury, Difficult Labour etc.	Other Causes of Peri-Natal Mortality	Symptoms and Ill-defined Conditions	Motor Vehicle Accidents	All Other Accidents	Suicide and Self-inflicted Injuries	All Other External Causes
Cannock ..	—	13	20	1	4	—	—	—	—	—	2	1	3	1	—	—	1	11	6	6	—	11	5	6	2
Cheadle ..	1	48	17	—	2	2	—	—	—	1	2	—	5	1	—	1	4	5	3	—	3	6	10	5	1
Leek ..	1	6	4	—	5	—	—	—	—	—	1	—	4	1	—	—	—	1	2	—	2	3	5	2	—
Leek ..	1	6	4	—	5	—	—	—	—	—	1	—	4	1	—	—	—	1	2	—	—	3	5	2	—
Lichfield ..	4	55	27	2	6	4	2	—	—	—	1	2	6	5	—	2	2	13	3	3	5	20	3	6	4
Newcastle ..	2	10	12	—	5	—	2	2	—	—	—	1	5	2	—	—	—	—	—	—	—	4	2	—	1
Seisdon ..	4	16	18	—	2	1	—	1	1	1	6	—	5	2	1	—	1	2	2	—	4	2	3	2	1
Stafford ..	—	6	10	2	2	1	—	—	—	—	2	—	2	1	—	—	—	1	2	2	7	6	1	1	1
Stone ..	1	8	8	1	4	1	1	2	—	—	1	1	5	1	—	—	—	1	1	1	2	5	3	1	—
Tutbury ..	1	9	9	—	1	1	—	1	—	—	2	2	2	1	—	—	—	2	3	2	2	2	1	2	—
Uttoxeter ..	1	2	4	—	1	—	—	—	—	1	—	1	1	1	—	—	—	—	—	—	—	1	2	—	—
TOTALS ..	15	173	129	6	32	10	5	6	1	3	17	8	38	16	1	3	8	36	20	19	31	61	40	25	10

Table showing the number of cases of certain Infectious Diseases notified in each sanitary area during the year ended 31st December, 1968, and the Attack-Rates per 1,000 of the population.

URBAN

DISTRICT	Estimated Population 1968 for calculating rates	Food Poisoning		Typhoid		Para- Typhoid		Scarlet Fever		Whooping Cough		Dysentery		Erysipelas		Measles		Pneumonia		Ophthalmia Neonatorum		Infective Jaundice		Meningococcal Infection		Puerperal Pyrexia		Infective		Encephalitis		Post- Infectious	
		C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	R		
Aldridge- Brownhills ..	86,780	13	0.15	—	—	1	0.01	181	2.09	37	0.43	20	0.23	2	0.02	962	11.09	5	0.06	4	0.05	20	0.23	1	0.01	—	—	—	—	—	—	—	
Biddulph ..	16,460	4	0.24	—	—	—	—	3	0.18	1	0.06	—	—	—	—	74	4.50	4	0.24	2	0.12	18	1.09	—	—	—	—	—	—	—	—	—	
Cannock ..	53,720	—	—	—	—	—	—	20	0.37	14	0.26	6	0.11	—	—	124	2.31	2	0.04	5	0.09	7	0.13	1	0.02	—	—	—	—	—	—	—	
Kidsgrove ..	22,230	8	0.36	—	—	—	—	—	—	4	0.18	—	—	—	—	87	3.91	2	0.09	—	—	—	—	—	—	—	—	—	—	—	—	—	
Leek ..	19,210	6	0.31	—	—	—	—	24	1.25	11	0.57	—	—	—	—	133	6.92	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Lichfield ..	22,680	7	0.31	—	—	—	—	5	0.22	4	0.18	—	—	—	—	424	18.69	1	0.04	—	—	3	0.13	—	—	2	0.09	—	—	—	—	—	—
Newcastle ..	76,750	29	0.38	—	—	—	—	8	0.10	17	0.22	4	0.05	2	0.03	112	1.46	29	0.38	—	—	10	0.13	—	—	—	—	—	—	—	—	—	—
Rugeley ..	18,350	1	0.05	—	—	—	—	1	0.05	—	—	6	0.33	—	—	61	3.32	—	—	—	—	2	0.11	—	—	—	—	—	—	—	—	—	—
Stafford ..	53,590	—	—	—	—	—	—	18	0.34	28	0.52	—	—	—	—	302	5.64	—	—	—	—	3	0.06	—	—	—	—	—	—	—	—	—	—
Stone ..	10,590	—	—	—	—	—	—	—	—	—	—	1	0.09	—	—	7	0.66	—	—	—	—	—	—	1	0.09	—	—	—	—	—	—	—	—
Tamworth ..	35,970	—	—	—	—	—	—	4	0.11	1	0.03	1	0.03	—	—	106	2.95	—	—	—	—	4	0.11	—	—	—	—	3	0.08	1	0.03	0.03	0.03
Uttoxeter ..	9,000	—	—	—	—	—	—	2	0.22	—	—	—	—	—	—	19	2.11	—	—	—	—	13	1.44	—	—	—	—	—	—	—	—	—	—

RURAL

DISTRICT	Estimated Population 1968 for calculating rates	Food Poisoning		Para- Typhoid		Scarlet Fever		Whooping Cough		Dysentery		Erysipelas		Measles		Pneumonia		Puerperal Pyrexia		Infective Jaundice		Ac. Encephalitis		
		C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	Infective	Post- Infectious
Cannock ..	41,710	1	0.02	—	—	9	0.22	2	0.05	—	—	—	—	248	5.95	—	—	—	—	3	0.07	—	—	—
Cheadle ..	39,020	1	0.03	—	—	20	0.51	36	0.92	1	0.03	1	0.03	68	1.74	2	0.05	2	0.05	5	0.13	—	—	—
Leek ..	13,540	—	—	1	0.07	5	0.37	2	0.15	—	—	—	—	65	4.80	1	0.07	—	—	2	0.15	—	—	—
Lichfield ..	53,180	4	0.08	—	—	23	0.43	14	0.26	27	0.51	—	—	377	7.09	54	1.02	—	—	11	0.21	—	—	1 0.02
Newcastle ..	20,060	11	0.55	—	—	2	0.10	—	—	—	—	—	—	19	0.95	—	—	—	—	2	0.10	—	—	—
Seisdon ..	38,840	—	—	—	—	2	0.05	9	0.23	—	—	2	0.05	257	6.62	3	0.08	—	—	9	0.23	—	—	—
Stafford ..	22,370	1	0.04	—	—	4	0.18	3	0.13	5	0.22	—	—	9	0.40	—	—	—	—	—	—	—	—	—
Stone ..	20,390	2	0.10	—	—	12	0.59	—	—	—	—	—	—	39	1.91	—	—	1	0.05	3	0.15	—	—	—
Tutbury ..	23,960	—	—	—	—	3	0.13	20	0.83	4	0.17	—	—	294	12.27	—	—	—	—	5	0.21	—	—	—
Uttoxeter ..	11,610	1	0.09	—	—	2	0.17	3	0.26	16	1.38	—	—	104	8.96	—	—	—	—	2	0.17	—	—	—

SECTION III

LOCAL HEALTH SERVICES

ADAPTATIONS OF HOMES FOR INSTALLATION OF ARTIFICIAL KIDNEY MACHINES

Having regard to the gradually increasing use of artificial kidney machines in patients' homes for the treatment of chronic renal failure, the County Council has made arrangements to provide assistance in the adaptation of homes to enable a machine to be installed.

Hospital Authorities will provide and maintain the intermittent haemodialysis (artificial kidney) equipment and will provide the relevant medical services. They will also pay for the extra cost of electricity and for the installation and rental of a telephone where this is necessary. Hospital Authorities do not, however, have powers to make adaptations to the home, this being the responsibility of the local health authority.

A patient being treated at home will need a room with space for a single bed and the dialysis equipment and a sink with a good supply of water; the walls and ceiling of the room should be made crack-free and washable. Special storage space for one month's supply of sterile dressing and of containers of concentrated fluids will be needed and the premises may also require special electrical wiring, plumbing to the sink and waterproof floor covering.

Artificial kidney units are operating at the Queen Elizabeth Hospital, Birmingham, and at the North Staffs. Royal Infirmary. It is estimated that the number of County residents who attend the units, who will be suitable for intermittent haemodialysis in the home, will be about one every two months.

The estimated average cost of the installation of a machine will probably be in the region of £175 although the cost depends on the facilities existing at the patient's home. In appropriate cases, a proportion of the cost may be recovered from the patient, depending upon the person's financial circumstances.

It usually takes 4 to 6 weeks to train patients to use home dialysis equipment and it is desirable that they should be able to transfer to home dialysis as soon as they are ready so that hospitals can plan their intake of new patients. Hospital authorities have been asked to give local authorities not less than 4 weeks' notice of the intention to treat a patient in his or her own home.

During 1968, 3 cases were assisted with adaptations to their homes.

ADMISSION OF CHRONIC SICK TO HOSPITAL

During the year the number of cases referred by general practitioners was 705, the object being to achieve the best means of using the beds available for the treatment of the chronic sick, and also arranging adequate domiciliary care.

The figures for 1968 are probably not a true reflection of the movement of chronic sick cases since, following the appointment of a Geriatrician Consultant by the Stafford Hospital Management Committee, a number of cases are referred by the general practitioners direct to the Consultant. No doubt this practice will increase in the future.

In addition, family doctors in the fringe areas of the County arrange for their patients to be admitted to chronic sick hospital accommodation outside the County, and the cases are not notified to the Area Medical Officers.

The following are the general (known) statistics relating to chronic sick cases.

1. Of the total referrals, the following action was taken:—

(a) Admitted to Chronic Sick Hospital accommodation ..	2
(b) Mental Hospitals	6
(c) Part III Accommodation	9
(d) General Hospitals	57
(e) Died prior to admission	61
(f) Removed from Area	4
(g) Application Cancelled	3
(h) Temporary stays	10
(i) Private Nursing Home	6
(j) Patient refused admission	7
2. Of the above figures, in 262 cases the County Council Services were of some assistance prior to the various courses of action being taken.
3. Of the total referrals, 200 cases were cared for at home and assistance was given in accordance with the following:—

(a) Nursing	96
(b) Domestic Help	45
(c) Social Welfare	3
(d) Nursing and Domestic Help	35
(e) Nursing and Social Welfare	2
(f) Domestic Help and Social Welfare	5
(g) Nursing Domestic Help and Social Welfare	2

The care of the chronic sick is hampered by insufficient hospital beds being available throughout the County. This is accentuated during periods when wards or parts of wards have to be closed for repairs and maintenance. Quite often the bed scarcity results in even the most urgent cases having to wait for a vacancy.

AMBULANCE SERVICE

The ambulance stations are situated as follows:—

<i>24-hour stations</i>	<i>Sub-stations</i>
Aldridge	Biddulph
Cannock	Kidsgrove
Cheadle	Rugeley
Leek	Stone
Lichfield	Tamworth
Newcastle	
Stafford	
Uttoxeter	

There has not been any replacement of, or additional ambulance stations, during the year.

During the year detailed planning and preparation has been taking place for the occupation of the new Ambulance Service Headquarters, Operational Control and Training School, scheduled for mid-1969. In the meantime the operational control of the service has been maintained from the Divisional Controls at Lichfield, Stafford and Newcastle.

The training of ambulance staff has continued throughout the year with very satisfactory results. The training has incorporated the Interim Training Courses of six weeks duration as requested by the Department of Health and Social Security. In addition special courses on motorway procedures and operational control have been held. A new course, as an experiment, has been the inclusion in the training programme of a two weeks' Potential Officers Course, this has been very much appreciated by the ambulance staff seeking promotion and has given a clear indication of the potential of the personnel seeking advancement in their careers. The syllabus for the course has indicated ambulance service administration, station and divisional routine administration, operational control and background functions of local government departments.

Vehicle replacements have taken place in accordance with the County policy of replacing vehicles every five years which ensures a very high standard of vehicles in service. During the year nineteen vehicles have been replaced by Bedford and Ford chassis with Lomas bodies.

The vehicle maintenance is carried out by County Ambulance Service mechanics in the Service's own workshops situated at County Ambulance Stations.

MILEAGE, PATIENTS CARRIED, VEHICLES, ETC.

The table below gives the mileage and number of patients carried by each ambulance station during 1968, together with the establishment of personnel and vehicles as at the 31st December, 1968.

STATION	Hours Open	PERSONNEL	VEHICLES		AMBULANCES		SITTING CARS	
			Amb.	Cars	Mileage	Patients	Mileage	Patients
Aldridge	24	25	4	5	82,885	10,148	71,417	10,703
Biddulph	16	6	1	2	20,222	2,471	39,782	8,572
Cannock	24	29	4	5	116,778	11,355	112,330	16,733
Cheadle	24	23	3	4	58,227	6,585	92,737	14,797
Kidsgrove	16	7	2	1	30,381	5,849	20,586	4,977
Leek	24	25	4	4	67,682	7,043	82,018	13,698
Lichfield	24	29	5	4	92,954	13,715	72,237	10,826
Newcastle	24	32	5	5	68,529	11,843	93,087	17,834
Rugeley	16	8	2	1	58,381	7,140	25,939	3,640
Stafford	24	32	5	4	88,628	10,067	73,306	10,229
Stone... ..	16	6	1	2	32,851	3,567	45,833	5,792
Tamworth	16	12	2	2	51,047	9,993	50,622	5,993
Uttoxeter	24	25	3	4	60,614	5,358	84,933	8,539
TOTAL	—	259	41	43	829,179	105,134	864,827	132,333

The analysis of the types of patients carried is given below:—

Maternity	..	5,043
Illness	.. ..	224,240
Accidents	...	7,510
Infectious	...	242
Mental	... ..	432

The following is a comparison of the number of stations, personnel, vehicles, patients carried and mileage at the 31st December 1968 with the number at 31st December 1967:—

	31/12/67	31/12/68
24-hour Stations	8	8
Sub-Stations	5	5
Ambulances	39	41
Sitting Cars	44	43
Personnel	255	259
Patients carried	249,080	237,467
Mileage	1,723,687	1,694,006
Average miles per patient carried	6.92	7.13

AGENCY SERVICE

The following table shows the mileage run and patients carried by the Hospital Car Service in the Stafford and Lichfield Areas:—

<i>Month</i>	<i>Stafford</i>		<i>Lichfield</i>	
	<i>Mileage</i>	<i>Patients carried</i>	<i>Mileage</i>	<i>Patients carried</i>
January	2,122	58	1,110	34
February	1,951	36	1,120	39
March	1,986	33	845	30
April	2,106	33	950	36
May	3,779	76	875	22
June	2,403	48	1,320	38
July	2,421	40	1,351	43
August	2,324	35	1,230	31
September	1,661	25	740	25
October	3,216	55	1,670	52
November	1,443	35	1,370	42
December	1,897	31	1,726	48
	<hr/> 27,309 <hr/>	<hr/> 505 <hr/>	<hr/> 14,307 <hr/>	<hr/> 440 <hr/>

ATTENDANCES AT CLINICS

INFANT WELFARE CENTRES

At the end of the year there were 100 Welfare Centres in operation of which 29 are purpose-built, 9 adapted and 62 occupied on a sessional basis.

The following are particulars of the number of sessions and attendances made during the year:—

No. of sessions	6,500
No. of children who attended during the year and who were born in:—	
1968	10,645
1967	5,165
1963–66	5,503
Total	<hr/> 21,313 <hr/>

No. of attendances during the year made by children who at the date of attending were:—

Under 1 year	..	..	..	..	94,962
1 but under 2	..	..	..	..	72,289
2 but under 5	..	..	..	..	53,095
Total	..	..	..	..	220,346

ANTE-NATAL AND POST-NATAL CLINICS

1,568 sessions were held during the year as follows:—

Medical Officers	..	..	..	..	288
Midwives	..	..	..	..	1,200
General Practitioners employed on a sessional basis	..	..	..	..	29
Hospital Medical Staff	..	..	..	..	51

The following are the numbers of expectant mothers and attendances made by them during the year at the Ante-Natal Clinics:—

No. of expectant mothers attending	..	..	..	5,915
Total number of attendances	..	..	..	12,015

21 persons attended the Post-Natal Clinics.

Where treatment is required, the patient is referred, other than for unsatisfactory dental conditions, to her own doctor. Dental treatment can be given under the County Council Scheme and the patients are offered the facilities locally available.

ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

Number of women who attended during the year	(a) Institutional booked	1,574
	(b) Domiciliary booked	660
	(c) Total	2,234
Total number of attendances during the year ..		11,212

TODDLERS CLINICS

Number of clinics held during the year ..	..	..	205
Number of children who attended	..	..	1,813

HEARING TESTS FOR YOUNG CHILDREN

(a) Number of children screen tested	..	..	..	5,523
(i) at clinic	..	..	..	3,754
(ii) at home	..	..	..	1,769
(b) Number of children who failed	..	..	..	75

All children who fail the test are re-tested at a later date. Those who still do not pass the test are referred for appropriate treatment to their General Practitioner or to Specialists.

CHILDREN “AT RISK”

During the year 1968, 142 children were born suffering from some form of a Congenital Abnormality and these cases were reported to the Registrar General. The Health Department is notified of all children

to be placed on the At Risk Register, although extra details such as the age of the parents, drugs taken during the pregnancy and previous births are required. In the majority of cases these details reach the office very quickly and on several occasions children have been entered on the Register only to be removed soon after as they did not live more than a few hours, details of such cases are still required by the Registrar General. The School Health and Mental Health Sections are notified of the existence of these children and of their progress at their six-monthly reviews or when information is received from consultants. This enables appropriate provision to be made for their long-term care.

WELFARE OF BLIND AND PARTIALLY SIGHTED PERSONS

The County Welfare Officer of this Authority has kindly provided the following information with regard to the welfare of blind and partially sighted persons in the administrative County.

The number of registered blind people living in the County has risen by only 1 from the 1967 figure.

BLIND AND PARTIALLY SIGHTED REGISTER					
Numbers Registered as Blind at 31st				Male	.. 422
December, 1968.. .. .				Female	.. 615
				Total	.. 1,037
Numbers Registered as Partially Sighted				Male	.. 113
at 31st December, 1968				Female	.. 171
				Total	.. 284
Number on Partially Sighted Register				Male	.. 14
(under 16 years of age)				Female	.. 11
				Total	.. 25

AGE PERIODS OF REGISTERED BLIND					
Age					Numbers
Below 1	..	..	..	..	1
1	..	..	..	..	2
2	..	..	..	..	2
3	..	..	..	..	2
4	..	..	..	..	5
5-10	..	..	..	..	15
11-15	..	..	..	..	10
16-20	..	..	..	..	13
21-29	..	..	..	..	28
30-39	..	..	..	..	37
40-49	..	..	..	..	71
50-59	..	..	..	..	103
60-64	..	..	..	..	83
65-69	..	..	..	..	91
70-79	..	..	..	..	239
80-84	..	..	..	..	147
85-89	..	..	..	..	123
90 and over	..	..	..	..	66
					1,037

AGE AT ONSET OF BLINDNESS

<i>Age</i>					<i>Numbers</i>
Under 1	..	..	..	..	101
1	..	..	..	..	6
2	..	..	..	..	—
3	..	..	..	..	3
4	..	..	..	..	—
5–10	..	..	..	..	40
11–15	..	..	..	..	17
16–20	..	..	..	..	29
21–29	..	..	..	..	39
30–39	..	..	..	..	65
40–49	..	..	..	..	82
50–59	..	..	..	..	120
60–64	..	..	..	..	72
65–69	..	..	..	..	97
70–79	..	..	..	..	208
80–84	..	..	..	..	89
85–89	..	..	..	..	46
90 and over	..	..	..	..	13
Unknown	..	..	..	..	10
					1,037

Employed in Workshops .. 28 Employed Otherwise .. 77

In approved Home Workers' Schemes .. 13

Under Training 5 Children under 16 .. 37

Unemployable 864
Not available 119
Not capable 88
Over 65 657

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends:—	38	11	1	124
(a) No Treatment	3	2	—	34
(b) Treatment	35	9	1	90
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	13	5	1	61

Blind and partially sighted persons included in "Others" column.

Retinopathy	—	21
Corneal Abcess	—	1
Macular Degeneration ..	—	26
Myopia	—	14
Retinitis Pigmentosa	—	4
Optic Atrophy	—	10
Macular Dystrophy	—	8
Abiotrophy	—	1
Lens Sclerosis	—	3
Phthithis Bulbi	—	1
Keratitis	—	2
Iridocyclitis	—	1
Maculopathy	—	10
Hemaniopia	—	2
Cerebral Haemorrhage ..	—	2
Detached Retina	—	1
Temporal Arteritis	—	1
Choroidal Sclerosis	—	3
Central Venous Thrombosis ..	—	2
Congenital Abnormalities ..	—	2
Retinal Degeneration	—	3
Refractive Error	—	1
Arteriosclerosis	—	1
Arteritis	—	1
Muscle Defect	—	1
Microphthalmia	—	1
Meningitis	—	1
TOTAL		124

PARTICULARS OF REGISTERED BLIND AND PARTIALLY SIGHTED
PERSONS WHO WERE RECOMMENDED TREATMENT DURING 1968
BUT DID NOT RECEIVE SUCH TREATMENT

AGE				CAUSE OF DISABILITY			
				Cataract	Glaucoma	Retrolental Fibroplasia	Others
0 – 7				1	—	—	1
32				—	—	—	1
46 – 50				—	—	—	—
51 – 55				—	1	—	—
56 – 60				1	—	—	1
61 – 65				1	—	—	5
66 – 70				2	—	—	3
71 – 75				5	—	—	2
76 – 80				2	1	—	6
81 – 85				4	2	—	6
86 – 90				4	—	—	2
90 and over				2	—	—	2

The County Welfare Department of this Authority is responsible for the welfare of blind persons. Where the department does not provide services, direct arrangements exist with registered voluntary organisations for the provision of these services.

A wide range of welfare services is provided for blind persons including social activities, instruction in handicrafts and in methods of overcoming their disability, holidays, outings and teaching to read embossed literature.

Where possible, attempts are made to assist in placing registered blind persons in open employment or in sheltered workshops or as home workers. In addition, instruction is provided in pastime occupations in the homes of blind people and in social and handicraft centres.

All registered blind and partially sighted people are visited regularly by the Home Teachers of the County Welfare Department to see what help can be given and to ensure they obtain all assistance to which they are entitled from the Social Services.

BUILDING PROGRAMME FOR HEALTH CENTRES AND INFANT WELFARE CENTRES

During the year one purpose-built Health Centre at Tamworth and two Child Health Clinics at West Chadsmoor and Kinver were completed.

TAMWORTH HEALTH CENTRE

The Health Centre comprises a two-storey traditional brick building and provides accommodation for local health authority services, general medical practitioners and Regional Hospital Board consultants. The three branches of the Health Service are thus brought together in this particular case under one roof, a further advantage being that the Health Centre is situated next door to the General Infirmary at Tamworth.

The local health authority services were transferred from the previous clinic premises in Marmion Street to the Health Centre on 2nd December, 1968. It was anticipated that eight general practitioners comprising two practices would be working eventually from this Centre and that initially three Hospital Consultants covering obstetrics, pathology and psychiatry would be attending regularly. In fact, these services were transferred to the Health Centre early in 1969, outside the period under review.

Expenditure of some £81,600 has been incurred on the purchase of the site, building, and furniture and equipment.

KINVER CHILD HEALTH CLINIC

The opening of this new clinic on 8th November provides improved facilities mainly for the Kinver and Enville areas which have an estimated population of 7,500, and replaces hired accommodation in the Constitutional Club which has been in use for many years and latterly for a short time in the Methodist Church Hall.

Facilities provided from the Centre are Child Health and School Clinics, ante-natal sessions, mothercraft and relaxation classes, a toddlers' clinic and the sale of Welfare Foods, and it is hoped to introduce other services such as dental, family planning, chiropody, speech therapy and cervical cytology sessions in the near future.

The rented accommodation previously in use was not satisfactory for clinic purposes and the provision of this new purpose-built building has been warmly welcomed by the local inhabitants.



General Waiting Room, Rugeley Health Centre.

WEST CHADSMOOR CHILD HEALTH CLINIC

This Child Health Centre, the construction of which was mentioned briefly in my previous report as Pye Green, Cannock, was taken into use on 1st April and will enable health facilities to be provided from a central and convenient point in a new developing area. No clinic facilities were provided in this area previously with the result that the public had to travel some 1½-2 miles to the nearest clinic.

In addition to the normal clinic facilities a local doctor uses part of the clinic accommodation at agreed times for his ante-natal surgery.

FUTURE PROGRAMME

Although a very comprehensive forward three-year building programme comprising some 12 Health Centres and 5 Child Health Clinics (excluding Newcastle Delegated Health Authority) has been approved by the County Council very little progress towards the realisation of the programme can be reported.

In spite of a considerable amount of groundwork in connection with the preparation of scheme submissions, discussions with general practitioners and others concerned with schemes for Health Centres etc., no new building commenced during the year.

An improvement in this situation can, however, be expected in 1969 when it is hoped that building work will commence in Health Centres in Penkridge, Great Wyrley, Burntwood and Silverdale, Newcastle (in the Delegated Health Authority of Newcastle-under-Lyme).

HIRED PREMISES

During the year members of the staff continued the policy of seeking suitable accommodation for hiring on a sessional basis for clinic functions

Some premises are not altogether suitable for the purpose, but are preferable to having no facilities for a particular locality. Where premises are not favourable, continual efforts are made to persuade the landlords to carry out improvements.

Requests for clinics to be established in certain parts of the County continue to be received and these were investigated and action taken in accordance with the merits of each request.

The following lists the hired premises opened and closed during 1968.

OPENED:

Blythe Bridge Youth Centre (I.W.C.), Cheadle Road,
Blythe Bridge
78 Main Street, Stonnall (I.W.C.)
Brereton Sports and Social Club, Armitage Lane, Brereton
(I.W.C.)
Cannock Wood Village Hall, Cannock Wood (I.W.C.)
Great Wyrley, St. Andrew's Church Hall

CLOSED:

Tennis Pavilion, Grindley Lane, Blythe Bridge
Lancashire Dynamo Sports Club, Brereton
The Hutments, Great Wyrley
Methodist Schoolrooms, Kinver

The total number of premises (all types) in which sessions are held (100) showed an increase of two when compared with 1967.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

This service is provided throughout the Administrative County and surrounding authorities by the Lichfield Diocesan Association for Moral Welfare Work and during the financial year 1968-69 the County Council's grant to the Association was £4,700.

The following is an extract from the report of the Organising Secretary on the care of illegitimate children for the year 1968 in the Administrative County.

“286 cases in which illegitimate births occurred in 1968 have been dealt with by the Caseworkers of the Association and these are reported on below. In addition 95 cases in which births occurred prior to 1968 have been dealt with according to their various needs, including the placing of babies for adoption, taking affiliation proceedings, finding accommodation etc. 72 expectant mothers whose babies were due to be born in 1969 had the necessary arrangements made for their confinements. This means a total of 453 cases under care in 1968.

Seventy-four mothers were accommodated in Diocesan Homes, 196 went into hospital for their confinements, 4 remained in their own homes and 12 were accommodated in Homes outside the Diocese. 37 of the cases concerned married women who gave birth to illegitimate children; 8 were divorced, 6 were living apart from their husbands, 14 were legally separated and 9 were reconciled to their husbands after their babies had been placed for adoption.

Efforts were made as far as possible to trace the putative fathers with the result that 28 Affiliation Orders were made and 15 private agreements signed with the payments in most cases being made through the Caseworker, and in 4 instances grants were made by Voluntary Societies, the Caseworker acting as intermediary.

Seventeen girls have married, 14 to the fathers of their babies.

The ages of the mothers ranged from 13 to 45 years and are listed as follows (figures in parenthesis show 1967 ages):—

Aged 13—1 (1); aged 14—6 (1); aged 15—6 (11); aged 16—19 (25);
Aged 17—44 (33); aged 18—30 (50); aged 19—40 (47);
aged 20—29 (30); aged 21—32 (15); aged 22-27—53 (62);
aged 28-34—17 (20); aged 35-40—8 (11); over 40—1 (1).

The ages of the putative fathers ranged between 15 and 60.

The babies were placed as follows:—

- 123 with mothers at home
- 19 with parents married
- 3 with mothers in residential posts
- 1 with mother in Mother and Baby Home
- 6 with parents co-habiting
- 13 with foster parents
- 6 in Local Authority Homes
- 4 in Voluntary Children's Homes
- 75 were adopted through the Association
- 5 were adopted through an alternative Society
- 10 were adopted privately

16 were transferred to other Caseworkers
3 babies died
2 were stillborn

One thousand, two hundred and forty-seven visits and interviews have been paid in connection with the 453 cases under care. In addition the homes of prospective adopters have been visited and reported on, babies visited after they have been placed for adoption, girls conveyed to Homes and accompanied when they have had to appear in court or to have their signatures witnessed when consenting to an Adoption Order being made.”

CERVICAL CYTOLOGY SERVICE

The total number of women examined at the County Council's Cervical Cytology Clinics had reached 12,000 by the end of 1968. This figure, of course, does not include women who have returned for second or subsequent examinations.

The clinics in operation at the end of 1968 were:—

Cheadle
Leek
Kidsgrove
Stone
Stafford
Uttoxeter
Rugeley
Cannock
Hednesford
Chase Terrace
Codsall
Wombourne

Unfortunately, due to difficulty in obtaining facilities for the examination of slides, we were unable to open clinics at Lichfield and Tamworth but hope to be able to do so early in 1969. A monthly clinic is shortly to recommence at Kinver.

The overall response has continued to be quite good but many women seem loth to attend for a further examination and will not reply to second or third reminders that they are due for a re-test. This may be due to a mistaken belief that only one test in a lifetime is necessary.

All recalls are now made by means of the County Council computer which produces a monthly list of patients due for another examination. A two-part letter is then sent out asking the patient to complete and return it in order that an appointment can be made at a time convenient for her.

The number of positive cases has now reached 60 and during the year 51 women were found to have breast disorders and 800 to have some gynaecological condition which merited their doctor's attention.

During 1969 we hope to reach more women in the lower income groups and also to impress upon patients the importance of having further smear tests taken as and when they are advised to do so.

CHIROPODY SERVICE

The year 1968 was an eventful one for the Chiropody Service, culminating in restrictions at the end of the year designed to keep expenditure within the limits of the financial estimates. The demand for treatment continued to grow steadily and although precautions were taken to restrict the domiciliary service to patients in essential need of home treatment, the numbers of home visits increased during the year by more than 2,000. This factor, in conjunction with increases in salaries and equipment, combined to escalate the cost of the Service.

The staff position remained static during the year, giving rise to heavy pressure to meet the demands for treatment. Work with school children continued at a high level and but for the restrictions during the last few weeks of the year, would have exceeded the 1967 figures. There was a marked drop in the incidence of verrucae pedis in the schools, due to regular foot inspections and prompt treatment; a fact greatly appreciated by Head Teachers.

Treatment figures for the year were as follows:—

<i>At Clinics</i>	<i>Domiciliary</i>	
20,889	11,752	
<i>Old People's Homes</i>	<i>In Surgeries</i>	<i>School Children</i>
491	1,261	14,089

Forty-six clinic centres and 13 Old People's Homes within the Administrative County were being visited by chiropodists until November, when visits to residential Homes had to be temporarily curtailed. One hundred and thirty-four clinic sessions were being held weekly, not including the clinic sessions in the Delegated Authorities of the Borough of Newcastle-under-Lyme and Aldridge-Brownhills Urban District.

The difficulty of recruiting whole-time chiropodists remained and following the cut-backs in the Service a vacancy of 2.6 existed in an establishment of 16 whole-time chiropodists.

A County Chief Chiropodist was appointed as from 1st April, 1968 to fill the existing vacancy. This enabled a comprehensive examination of the Service to be made and ideas in regard to an all-round improvement to be agreed. A number of these improvements, dependent upon supervision by the Chief Chiropodist, were put into practice. Others, dependent upon an increase in establishment, will be adopted in due course.

In June, the Appliance Centre in Leek began to function and the two chiropodists involved in the making of appliances were highly optimistic of the long-term benefits that patients would derive from their work. It was indicated that the elderly patients would be kept more mobile by the use of appliances and the need for more frequent treatments would slowly recede.

The initial results from corrective work on minor foot deformities in children was most encouraging. This work was additional to the already established system of school inspections and subsequent follow-up treatments for verrucae, tinea pedis, corns, callosities and other minor foot lesions.

The marked change in the overall pattern of treatments whereby domiciliary visits significantly increased and clinic treatments declined, underlined the trend to longevity and the increased need to maintain mobility in the elderly. With this aim in view, it is anticipated that a marked increase in appliance work can be expected in future years. It is hoped that the original plan to establish an Appliance Centre in Stafford can be put into practice when accommodation becomes available.

With the school work already carried out, the considerable co-operation of schools, parents and children has been most gratifying and indicates a real desire from all concerned to tackle the problems relating to disorders of the feet. When the second Appliance Centre becomes available, it should be possible to deal more effectively with children's foot troubles and concentrate on lasting results rather than temporary relief.

Next year, in an effort to control the numbers of verrucae cases, it is proposed to carry out a survey throughout the County on the factors relating to the incidence and distribution of verrucae. The future years should prove challenging and rewarding in the field of chiropody.

CO-ORDINATION AND CO-OPERATION OF HEALTH DEPARTMENT DOMICILIARY STAFF WITH THE HOSPITAL AND FAMILY DOCTOR SERVICE

The County Council's training scheme for Health Visitors has enabled the shortage of Health Visitors to be less acute throughout the County. During 1969 it is hoped to extend the Health Visitor attachment to General Practitioners which is working successfully in the Newcastle-under-Lyme Borough.

The County's first Health Centre at Rugeley has now been operating for nearly two years and the nursing staff work closely with the General Practitioners. The second Health Centre at Tamworth is due to open early in 1969 and the same arrangements will apply there.

Dr. W. D. H. McFarland, Stafford Area Medical Officer, is an Honorary Member of the Staffordshire General Infirmary Hospital Staff and acts as liaison officer between the hospital and the Local Authority Services. An analysis of the admission and discharge statistics, and the services provided for the twelve-month period ending December, 1968 is reproduced below.

A number of County Midwives continue to deliver their patients in the Victoria Hospital, Lichfield and continue to attend them following their early discharge from hospital. It is hoped to extend this scheme to the Good Hope Hospital, Sutton Coldfield and the North Staffs. Royal Infirmary. Negotiations are taking place with regard to this.

At the end of the year there were no Midwives attached to General Practitioners but they and District Nurses are encouraged to fully co-operate with all doctors throughout the County.

CO-ORDINATING COMMITTEES — FAMILY WELFARE TO PREVENT CHILD NEGLECT OR ILL-TREATMENT

The Medical Officers to Area Health Committees act as Co-ordinating Officers on behalf of the County Medical Officer. The County Children's Officer also shares the responsibility of Co-ordinating Committees in providing secretarial service.

The periodic meetings in all parts of the County are attended by social workers employed by the Authority, health visitors, representatives of the Probation Service, Housing Departments, the Department of Health and Social Security and Voluntary Organisations. In addition student social workers attend the meetings and this provides them with valuable contact with other social workers and a sound insight into the wide field of social work. At the Co-ordinating Committee meetings, selected cases are discussed by representatives of the various Departments and Agencies present to ascertain the needs of the family and how these needs can be met, with a view to the case being referred to and dealt with by the most suitable Department or Agency. One of the important functions of these meetings is to enable members to get to know each other and to discuss common problems. This has greatly improved liaison between officials and has helped towards a greater awareness and understanding of the work and problems of the various Social Agencies, which is so necessary in dealing with needy families and enables families at risk to be given advice and help in the early stages of their difficulties.

The work of the Committees continues to make a valuable contribution to the efforts of the statutory and voluntary social workers involved in providing advice, support and assistance to the less adequate and needy families in the County.

It is encouraging to note that the majority of families discussed, although sometimes difficult to help, are kept together and enabled to function at a reasonable level.

In many instances intense case work is involved and this is shared between the local authority Departments concerned with social work and also the N.S.P.C.C. Quite often families with acute problems tend to approach several agencies for help and this can lead to overlapping, but efforts are being made to overcome this difficulty. There is a great deal of co-operation from various Departments of the District Councils and also the Department of Health and Social Security, who inevitably become involved with families in need.

Greater use has been made of small informal meetings of officers to discuss specific families, and they have proved valuable as the quarterly Co-ordinating Committees tend to be too large and formal for discussion in depth of the more intractable problems.

Much has been done to explore new methods to improve standards. In one area the needs of a small district have become the subject of a neighbourhood project involving all concerned with the wellbeing of the community including the local headmasters, education welfare officer, health visitors, policemen, minister of religion, child care officer and other interested persons. Efforts are being made towards the provision of better amenities such as a Nursery School, Play Centre and social facilities. It is hoped that the Play Centre will start to function in the

very near future. The members of this project, who are acting in a voluntary capacity, are very enthusiastic and it certainly would be beneficial if projects of this type were to develop in other areas in the future.

During the year 239 families were considered, 47 new cases being added and 24 cases restored to the register. 122 cases were removed from the register. Of these, 4 had removed from the County and 20 were felt to be either satisfactorily concluded or were cases for whom little more could be achieved by discussion, such as where the need is basically one for re-housing in due course.

Every effort is made to observe strict confidence when discussions take place.

DAY NURSERIES

STAFFORD DAY NURSERY

“The Stafford Day Nursery operates a system of priorities for admission to include the following families:—

- The unmarried mother
- Separated parents
- Divorced parents
- Widows and widowers
- Confinement cases
- Hospital cases

During 1968 there were 86% of children attending who were considered “priority” cases and immediate consideration for accommodation was given.

There is always a considerable waiting list and when a place becomes available to a “non-priority” mother, her child is admitted on a temporary basis, on the understanding that she may be called upon to give her place up, should this necessity arise. Every effort is made to avoid this inconvenience to a family, and it is very seldom that this situation occurs.

As is well known, the risk of infection can be greater where large numbers of children are accommodated, particularly such infections as dysentery, gastro-enteritis and other bowel disorders. A routine examination of faeces is carried out before any child is admitted and this has proved beyond doubt that this system has eliminated many outbreaks, as children known to have such infections have had to postpone admission until the condition has cleared. Although this system sometimes causes inconvenience to the parent, it has prevented large numbers of children from becoming infected.

There have been many cases of influenza amongst the staff, but the outbreak did not appear to affect many children.

The nursery continues to be a training school for students attending a two-year course for the Certificate of the National Nursery Examination Board. Alternate weeks are spent at the nursery and Newcastle College of Further Education. This provides a course which is evenly divided between vocational subjects and subjects to further the student’s general education.

It is pleasing to note that the new nursery is almost ready for completion and at the present time many preparations are being made at the existing nursery in readiness for the transfer. As the new building is

purpose-built it will now be possible to change the old system of having “tweenies and toddlers” in separate rooms. It is anticipated that children will be in family groups, *i.e.* each member of staff will be responsible for a family, ages ranging from 18 months to 5 years. There is a surprising increase in the number of children on the waiting list in anticipation of being accommodated in the new nursery, but these are all in the non-priority class.”

NEWCASTLE DAY NURSERY (LIVERPOOL ROAD, CROSS HEATH)

The Nursery is administered by the Medical Officer to the Borough of Newcastle-under-Lyme (Delegated Authority) and the following report has been provided by the Medical Officer:—

“The nursery is situated at Liverpool Road, Cross Heath and provides 40 places. It is staffed by a Matron, Deputy Matron, two nursery nurses, one warden, a domestic staff of three and six students. The students obtain practical experience at the Nursery and attend part-time for theoretical training at the Nursery Training Centre at the Newcastle College of Further Education.

Children are admitted to the nursery on a waiting list basis with priority admission for urgent cases. A priority case might be where the mother is forced by circumstances to take employment, possibly because she is unmarried or widowed; where the home conditions are unsatisfactory; where the mother is unable to take full care of the child owing to illness; where the child is handicapped.

The majority of admissions during the year were priority cases and at the 31st December, 25 of the 40 places in the Nursery were occupied by priority cases.

The number of attendances made during the year totalled 7,620, giving an average daily attendance of 301. This figure comprised 9.1 in the 0-2 years group and 21.0 in the 2-5 years group.

There were 94 children awaiting admission to the Nursery on 31st December, 1968, but none of these was a priority case.

There was no closure of the Nursery during 1968. It was decided not to close for a holiday period owing to the local holidays being “staggered” and happily it was not necessary to close the nursery because of an infectious disease outbreak.

At the annual medical inspection all the children examined were found to be satisfactory. Vaccination and immunisation sessions were held at the nursery during the year.

It is again disappointing to report that no progress was made with the building of the new Day Nursery during the year, although the new Day Nursery, which is to be purpose-built and will cater for 50 children, was programmed for erection some years ago.

The following are some general statistics relating to Day Nurseries:—

	<i>No. of approved places</i>	<i>Average Daily Attendance</i>	<i>No. of children on register at end of year</i>	<i>No. of priority children on waiting list at end of year</i>
Stafford ..	50	38.5	50	Nil
Newcaslte ..	40	30.1	42	Nil

ESTABLISHMENT OF DAY NURSERIES IN FACTORIES

Discussions commenced in 1966 with regard to the provision of day nursery facilities in factories in the Administrative County.

Eleven factory owners in the districts of Cannock, Kidsgrove, Newcastle, Stafford, Uttoxeter, Wombourne and Burton-on-Trent were written to in this connection. The firms were selected after consultation with the Regional Controller of the Ministry of Labour, Birmingham, and the choice was made on the basis that 500 or more females were employed at each factory in the manufacturing sector. Of the eleven letters sent out, replies were received in nine instances.

The general consensus from the replies showed that there was no great interest in providing such day nurseries, although three of the firms indicated that further consideration would be given to this matter if competition for female labour became more severe. In view of this response the Health Committee decided that there was no point in pursuing this matter further at this stage.

No further developments took place during 1968.

COUNTY DAY NURSERIES—STANDARD CHARGE

The standard charge for the Day Nursery accommodation is reviewed annually.

Ministry of Health Circular 23/52 authorises local authorities to make charges for the accommodation of children in Day Nurseries provided that the charges to be made should be determined as follows:—

- (a) The standard (maximum) charge per day should be fixed; this charge not to exceed the actual cost per place day of the Day Nursery service, including a fair apportionment of central administrative costs, and
- (b) the charge actually to be made in each case within the limits of the standard charge should be determined having regard to the means of the person concerned.

The standard charge for the service is fixed from time to time by the County Council having regard to the recommendations of the Health Committee. Assessment Scale “B” is used to determine in each case the actual charge to be made, although special consideration is given to assessments which would involve hardship to the person concerned so that appropriate reductions can be made in these cases.

During the year 1967-68 (financial), 171 children were accommodated in the County Council's two Day Nurseries. Of these, 81 cases were assessed to pay the standard charge, 51 paid a reduced charge and 39 were accommodated free.

Details are given overleaf of the net maintenance expenditure at the two Nurseries for 1967-68 and the total expenditure after adding 10% of the net expenditure to cover the cost of central and area administration. This total expenditure is then expressed as a cost per place day.

			<i>Newcastle Nursery</i> £	<i>Stafford Nursery</i> £
Net Maintenance Expenditure			10,163	11,978
Central and Area Administration ..			1,016	1,198
			<hr/>	<hr/>
Total Expenditure			<u>£11,179</u>	<u>£13,176</u>
No. of places			40	50
No. of days upon which open			248	253
No. of Place Days			9,920	12,650
Cost per Place Day, 1967-68			22s. 6d.	20s. 10d.
Average Cost per Place Day .. ..			.. 21s. 7d.	

On this basis the average daily cost per place available in the Day Nurseries during the 1967-68 period was 21s. 7d. compared with 21s. 3d. for the previous financial year.

The present standard charge for the service is 13/- per full day and 5s. 6d. per half day plus 2/- for lunch. These figures were approved in November, 1967.

Having regard to the above details of expenditure during the year 1967-68, the Health Committee at their autumn meeting 1968 decided that no change should be made in the standard charge at that time.

Nurseries and Child Minders Regulation Act, 1948 as amended by Section 60 of the Health Services and Public Health Act, 1968

The 1st November, 1968 brought new legislation to this Service which now means that all persons connected with child care, other than parents or other relatives, as child minders or supervisors and helpers in play groups, will be required to attend for a chest X-ray and complete a Declaration of Health form, these being additional to requirements already in force prior to this date.

On the 31st December, 1968, 162 play groups were on the Department's records caring for 2,255 children. For the year under review 23 groups were registered, this number being lower than for 1967 when 43 registrations took place.

Mention must be made, however, that with the implementation of the amended regulations, the rate of registration was slower due to the fact that the Department had to make additional enquiries and await the outcome of these. Further, the County Council did not finally adopt the amended regulations until the end of the year so that many registrations which took effect in the early part of 1969 would have been included in the 1968 total under the old system of registration.

Much can be said about the new regulations but as far as this Administrative County is concerned the only significant factor to emerge so far has been the request for registration by child minders for only one child and in some cases two children.

HOSPITAL PATIENTS—CARE AND AFTER-CARE—1st JANUARY to 31st DECEMBER, 1968

STAFFORDSHIRE GENERAL INFIRMARY—DIRECT ADMISSIONS

- (1) *Number of Cases Admitted—Medical, Surgical and Fracture Wards 3,344
- (2) *Less:* Number of Cases outside Staffordshire, H.M. Prison and other Institutions 311
- (3) *Plus:* Number of Cases requested from Children's Ward, Private Block and E.N.T. Ward 39

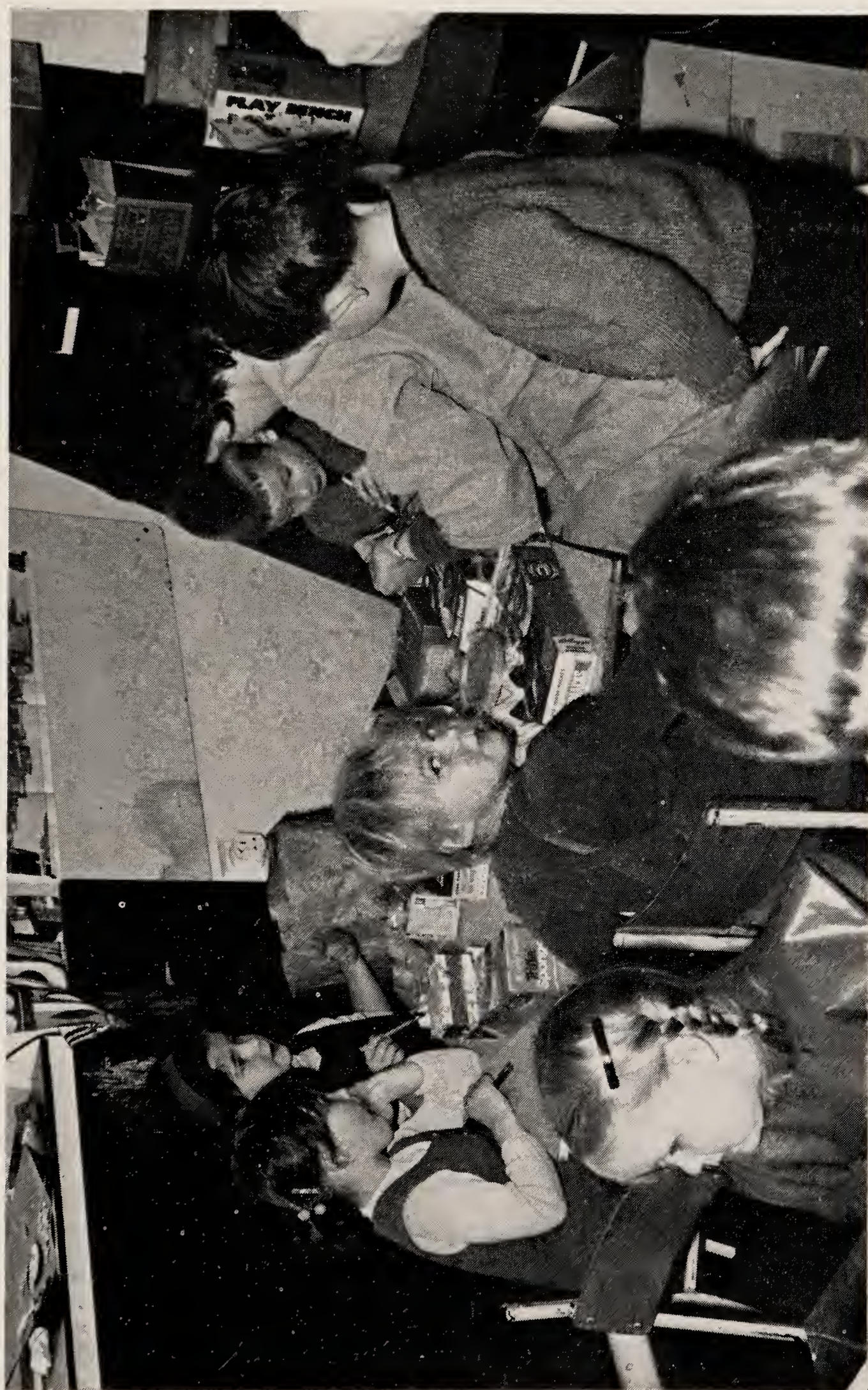
*There were short periods during the year when the Medical Social Worker TOTAL .. 3,072
was not available.

HOME INVESTIGATIONS (Decided by Hospital Social Medical Officer)	..	..	..	1,268 Cases or 41.3% of the above total (3,072)	..	..	Cannock District	..	..	405
							Stafford M.B. ..	..	..	367
							Rugeley District	..	..	194
							Stafford R.D. ..	..	..	145
							Stone U.D. ..	..	..	80
							Stone R.D. ..	..	..	64
							Uttoxeter District	..	..	13
							TOTAL	..	..	1,268

DISPOSAL OF PATIENTS	..	Home .. .. .	..	..	2,726	..	LOCAL AUTHORITY SERVICES PROVIDED	..	District Nurse ..	..	..	185
		Other Hospitals ..	}						Health Visitor ..	..	..	104
		Deaths	}						Psychiatric Social Worker	..	..	43
		Convalescence ..	}		341				Home Help ..	..	..	22
		Chronic Sick ..	}						Social Worker ..	..	..	13
		Part III	}		5				District Nurse and Home Help	..	..	8
									District Nurse and Social Worker	..	..	4
									District Nurse and Health Visitor	..	..	4
									Health Visitor and Home Help	..	..	2
									Home Help and Social Worker	..	..	1
									Children's Officer	..	..	1
									W.R.V.S. (Meals on Wheels)	..	..	1
									TOTAL	..	..	388=14.2%

CONCLUSION

- (A) Local Authority Services provided in 14.2% of Patients Discharged Home
- (B) Local Authority Services provided in 30.67% of Home Investigations
- ALSO
- Patients Seen by Medical Social Worker:*
- (a) On Wards 137
- (b) Out-Patients 72 = 209



Keele University Play Group

Photograph by G. J. Danher

The level of registrations affecting village halls etc. remains fairly constant and it is pleasing to note that the organisers of this type of group accept without hesitation the need for new and more stringent legislation. Only in the child minders group does one find a reluctance to conform to the new procedures but with understanding and patient advice on the part of staff, general acceptance of the regulations is usually arrived at.

For interest purposes a photograph of a typical play group in action is reproduced in the Report.

Once again tribute must be paid to the Pre-School Play Groups Organisation for their invaluable contribution to maintaining this service.

Dental Care

The table below is an extract from Form LHS 27/7 rendered to the Department of Health and Social Services for the year 1968:—

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

Part A—Attendances and Treatment:

	Children 0-4 (incl.)	Expectant & Nursing Mothers
No. of visits for treatment during year		
First Visit	1,033	132
Subsequent Visits	517	313
Total Visits	1,550	445
No. of additional courses of treatment other than the first course commenced during year	42	10
Treatment provided during the year—No. of Fillings	926	327
Teeth filled	853	275
Teeth extracted	1,266	221
General anaesthetics given	510	28
Emergency visits by patients	284	22
Patients X-rayed	2	9
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	97	68
Teeth otherwise conserved	446	—
Teeth roots filled	—	—
Inlays	—	—
Crowns	—	1
No. of courses of treatment completed during the year	822	118

Part B—Prosthetics:

Patients supplied with F.U. or F.L. (first time) ..	13
Patients supplied with other Dentures	19
Number of Dentures supplied	34

Part C—Anaesthetics:

General Anaesthetics administered by Dental Officers	164
---	-----

	Children 0-4 (incl.)	Expectant & Nursing Mothers
Part D—Inspections:		
Number of patients given first inspections during year	1,643	172
Number of patients in A and D above for required treatment	973	160
Number of patients in B and E above who were offered treatment	921	159

Part E—Sessions:

No. of Dental Officer Sessions (<i>i.e.</i> .. For Treatment	280
equivalent complete half days) de- For Health Edcn.	37
voted to M. & C.W. patients	

The figures for mothers differ little from last year but it is disappointing to see that those for the 0-4 group are lower than in 1967. Mothers find it increasingly easy to receive free treatment through the General Dental Service, but this argument is unlikely to apply to pre-school children—a category which is not generally welcomed in busy dental practices. There must be a large number of these children in need of dental care who are not being referred to either service—a point borne out by the Sheldon Report on Child Welfare Centres (1967). Greater efforts must be made to increase the dental staff to enable dental care to be more readily available. The professional dental staff of 17.2 aided by 4 whole-time dental auxiliaries and 1 part-time dental hygienist, is much too low to cope with the obvious need. An increase in staff would lead to more sophisticated methods of referral for dental care of the 0-4 group.

The amount of dentistry required could be considerably reduced through fluoridation of water supplies; with some saving to the Exchequer and a very considerable saving in human suffering.

DENTAL LABORATORY

A summary of work completed during the year by the County Dental Laboratory is shown in the following tables:—

(a) Denture Work:

Type of Denture	No. constructed
Full Upper	24
Full Lower	16
Partial Upper	117
Partial Lower	17
Relines and Remakes	9
Repairs	44
	227

(b) *Orthodontics:*

Regulation Appliances (removable)	..	..	271
Study Models	..	..	438

(c) *Other Work:*

Crowns	..	..	..	..	..	..	56
Inlays	..	..	..	..	..	..	Nil
Special Trays	..	..	..	..	..	..	47
Ear Moulds	..	..	..	..	..	..	37
Splints	..	..	..	..	..	..	2

One dental technician retired on age in December. The staff of the dental laboratory at the end of the year was 1 Senior Dental Technician, 1 Dental Technician and 1 Trainee.

It has been decided to keep the County Dental Laboratory in being —albeit on a smaller establishment of 1 Senior Dental Technician and 2 Dental Technicians. Even this must depend on attracting suitable staff to fill vacancies as they arise. Provision has been made for a new dental laboratory with an area of 625 sq. ft. in the new development at Bath Street/Earl Street, which is included in the Capital Estimates for 1970-71.

DISTRIBUTION OF WELFARE FOODS

There was little change in the Welfare Foods Service during 1968. Welfare foods, *i.e.* National Dried Milk, Cod Liver Oil, Vitamins 'A' and 'D' and Orange Juice, continued to be distributed from 89 clinics and 27 other centres, such as shops and private houses. A mobile van was used to distribute welfare and priority foods in the Leek area.

As from 31st March, 1968, the Welfare Foods Order, 1968 came into operation. This gave effect to changes in the Welfare Milk Scheme. Under the new Order, the issue of free milk tokens is extended to certain beneficiaries in large families, regardless of family income.

During the year changes were made in the packing of National Dried Milk. Tins were discarded and the dried milk packed in cardboard cartons. Nine cartons of National Dried Milk were returned to distribution centres by parents who complained of some defect in the produce. These complaints and the dried milk samples were sent to the Ministry of Health for investigation by the Government Analyst. Appropriate action was taken by the Minister in view of the Government Chemist's reports and the gist of these reports was sent to the various Area Medical Officers and parents concerned with the complaints.

Some changes were made in the list of proprietary foods available to the public. A small number of products were added to the list as a result of public demand and one or two products removed because of failing demand or rising costs. There was a tendency for manufacturing firms to amalgamate and for products packed in small quantities to be withdrawn by the manufacturers.

In October, 1968 it was announced that the Minister of Health had considered the report of the Sub-Committee of the Standing Medical Advisory Committee on the medical functions and medical staffing of child welfare centres. The Minister shared the Sub-Committee's view

that professional staff should not be directly concerned with the distribution of Welfare Foods. He was, however, concerned that National Dried Milk should continue to be made available at health clinics and other centres both during and outside clinic session hours.

DOMESTIC HELP SERVICE

This service is a vital aspect of community care and plays an important part in helping persons to remain at home in family surroundings for longer than would otherwise be the case if no such service existed. By forestalling institutional care, a saving in expenditure is achieved as care in an old people's Home, or chronic sick hospital is more costly than care provided in the home.

Domestic helps are available for assistance in the home in cases where, due to age, infirmity, sickness, absence of wife or mother in hospital or some similar reason, this leaves no suitable person in the home to care for the patient or the family.

Because of the shortage of chronic sick hospital accommodation throughout the County, the pressure upon the domestic help service continually increases. This means that a larger number of elderly persons have to be cared for at home for considerable periods of time when they ought really to be in hospital. The provision of more chronic sick hospital accommodation would relieve the pressure but, as mentioned above, would be more costly to the taxpayer.

Recruitment of an adequate number of domestic helps of the right calibre continues to be a problem in certain rural areas of the County. To improve the position the County Council agreed to the payment of car allowances at the casual users' rate to a limited number of home helps who are prepared to travel to outlying districts. This has proved successful and has improved the position to a certain extent.

In general, domestic helps are recruited from married women who in quite a number of cases, have children of their own to care for. This somewhat limits the flexibility of the service insofar as these home helps have to fit their hours of work in with their domestic commitments. Additionally, married women's holidays are taken to coincide with their husbands' holidays, which are usually during the peak holiday period. This results in a period arising during the year when it is very difficult to meet the demand for the service because of the shortage of staff, the appointment of relief domestic helps also being extremely difficult.

In certain parts of the County the recruitment of a sufficient number of capable home helps is further hampered by the keen competition for female labour, particularly in the areas where new industries are mushrooming. Generally, women going out to work are anxious to obtain a good income to make their effort worth while and to achieve this they prefer to work full-time or for a substantial number of hours each week. This does not suit the requirements of the service where the need is for a large number of women each working a few hours daily so that all households can receive attention early in the day.

During 1968 little change took place with regard to the general administration of the service when compared with 1967. Because of the high cost (expenditure in excess of £250,000 per annum), an extremely

close watch is kept on the allocation of hours of assistance. Each application is vetted carefully and all circumstances taken into account before the assessment of need is finally made. In view of the limited resources, hours of assistance have to be continually reviewed. Although inevitably there are persons who complain that the assistance provided is not adequate, it is accurate to say that no real hardship was experienced by any household involved.

The domestic help service provides great benefit to those who receive assistance and this is borne out by the many letters of thanks that are continually received. The general content of these letters can be summarised as follows:—

“I would like to express my gratitude for the help given. The help is a good worker and her presence always cheers me up beside the benefit she provides.”

The following are some general statistics relating to the service during 1968:—

Total cases assisted during the year	..	..	5,556
(i) aged 65 and over	..	..	4,700
(ii) under 65—chronic and tuberculous	..	..	237
(iii) under 65—mentally disordered	..	..	31
(iv) maternity cases	..	..	230
(v) others	..	..	358

At the 31st December, 1968 the Authority were employing approximately 950 domestic helps.

HEALTH DEPARTMENT SOCIAL WORK FUNCTIONS

The Social Work undertaken by this department can be summarised under five main headings although these do not give a complete list of the many and varied duties performed by these members of staff.

RENT GUARANTEES

This Scheme was introduced in 1965 in accordance with Section 56 of the Local Government Act, 1958. At the 31st December, 33 rent guarantees were in force, the total cash outlay under this Scheme being £179 3s. 11d. from its inception in 1965. Twenty-two new rent guarantees were offered to district councils during the year all of which were accepted, and the total of 8 guarantees were rescinded. The total amount of money paid out by the County Council during 1968 for default in payment of rents was £78 4s. 10d. and represents payment for some 9 families. One rent guarantee payment made in March of 1968 of £19 11s. 3d. was refunded by a district council after the tenant had cleared the arrears.

There can be little doubt that rent guarantees offer something much more suitable than temporary housing accommodation. It is without question that this way of family rehabilitation is a cheaper and much more satisfactory method from the Social Workers' point of view. It is easier to rehabilitate within known surroundings where the father and children can attend work and school respectively. Co-operation from district councils is extremely good and tribute must be paid to their kindness and understanding of probelm families for the year under review.

An interesting feature is that 1,495 visits were made to problem families who were under rent guarantees. The total of other problem families visited (not under guarantee) numbered 293 and to these families the Social Workers paid 2,712 visits to give advice and support.

TRAINING IN HOME MANAGEMENT AND CHILD CARE

During 1968 four families (including twelve children) were sent away for this specialised training at Crowley House, Birmingham. Due to its costly nature only those families capable of seriously improving their standards under full-time care are given consideration and only then is approval given if the local Social Worker feels that full-time rehabilitation is the only desirable alternative. Training is usually for a period of between two and three months although in individual cases longer periods are necessary.

TRAVELLING EXPENSES OF RELATIVES VISITING HOSPITAL PATIENTS

Travel warrants are still being issued in accordance with the Ministry of Health Circular 85/49 and for the year under review 19 applications were received and approved. Of these 15 received free travel and four paid partial cost. This service still proves to be an invaluable aid in certain cases of extreme hardship.

CONVALESCENT HOLIDAYS

This Scheme is operated in accordance with the National Health Service Act, 1946. Fifty applications were received for convalescence and of these 4 were refused, 21 had free treatment, with 24 paying part cost and one paying the full standard charge.

CARE OF OLD PEOPLE

During 1968 the Department's Social Workers made 2,695 visits to various old people in their homes which resulted in 2,878 persons being interviewed. The table below indicates the various categories and shows the extent to which the Social Workers and their assistants contribute to the care and wellbeing of retired persons.

	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Total
Number of visits paid . .	452	432	1,086	705	20	2,695
Number of persons seen . .	620	467	1,057	714	20	2,878

A perusal of the following table will show particulars of work undertaken during the year 1968, by the Social Workers/Welfare Officers and their assistants.

	Free	Partial Payment by Patients	Paid in full by Patients	Total
1. Number of patients supplied with extra nourishment *	82	7	—	89
2. Number of patients supplied with clothing	239	5	—	244
3. Number of patients supplied with bedding and furniture	155	5	—	160
4. Number of patients supplied with Convalescent Home treatment ..	21	24	1	46
5. Number of patients supplied with appliances †	824	12	—	836
6. Number of visits and interviews with patients at home	—	—	—	7,767
7. Number of patients in hospital or sanatorium	—	—	—	406
8. Number of patients seen at office or clinic	—	—	—	771
9. Housing:				
(a) No. of cases recommended ..	—	—	—	62
(b) No. of cases re-housed ..	—	—	—	34
10. (a) No. of visits made to Area Health Offices	—	—	—	1,141
(b) No. of visits to homes made after office hours	—	—	—	302

* This number includes cases where assistance has been given through the Welfare Officer by organisations other than the County Council and include the British Red Cross Society, St. John Ambulance Brigade, the Social Security Service and numerous smaller organisations.

† This number includes the provision of invalid chairs, air beds, rubber rings, hot water bottles and occupational therapy items, etc. This equipment was provided through the Social Workers from the various medical loan depots throughout the Administrative County.

HEALTH EDUCATION

The need to maintain the standards of health achieved over the past years is an important function of the Health Department and is given a high priority in the everyday work of the Health Education Section. In addition, a great deal of the section’s work is directed at informing the public of the possible consequences of cigarette smoking, over-eating, promiscuous behaviour, drug abuse and other health hazards. However, information alone is not enough and persons must be motivated to adopt sensible health habits.

A busy and full programme of lectures and discussions with a wide range of supporting films, posters and exhibitions featured the year’s work within the department.

STAFF

The section was without a Health Education Officer from October while the post of Deputy Health Education Officer was vacant for several months in the mid year. While several staff changes took place it was encouraging to see all three persons who left appointed as heads of the Health Education Sections of Cheshire, Teesside and Lincolnshire respectively.

An Assistant Health Education Officer was granted unpaid leave of absence to attend the Diploma in Content of Health Education Course at London University and he will return to the section in July, 1969.

EXHIBITIONS

“Health in the Middle Years” was the theme for the exhibit at the County Agricultural Show this year. The marquee of 50 ft. × 30 ft. dimensions occupied a prominent site on the showground, and was divided into a cinema and static exhibition. The cinema featured a wide range of films covering aspects of Smoking and Nutrition and actively supported the theme of topics in the main exhibition area. The static exhibit comprised three sections concerning health in the middle years:

Cytology; Obesity/Nutrition; Smoking/Alcoholism.

Ample literature concerning cytology was available and many people took forms which could be sent to the Health Department to arrange for a smear test in their own residential area. An illuminated list of cytology clinics operated by press buttons resulted in active audience participation.

Caloric and nutritional values of two types of meals were displayed in the section allocated to obesity and nutrition. One complete meal had a high carbohydrate content and was compared nutritionally with one of a reasonable calorie content. A mechanical model drawing attention to a balanced diet was the centre-piece of this section. An area was set aside where people could be weighed and after their build had been defined they were informed of the weight they should be. This caused a great deal of discussion and some light-hearted amusement.

An interesting feature in the Smoking and Alcoholism section was a smoking machine, kindly loaned by Tynings School, Aldridge. The machine represented a mechanical man which smoked a cigarette and extracted the tar content.

It is pleasing to report that once again the layout of the exhibition was awarded first prize in the Implements and Trade Stand Class.

The Health Education Section was indebted to the many Health Visitors who helped man the display stands during the two days of the show.

The mobile exhibition vehicle was used less this year although it proved very useful to transport static exhibition materials to various venues. It was also used once again for displaying the mental health exhibition during Mental Health Week.

LECTURES

An evening “Pre-retirement Course” of six weeks’ duration was organised in conjunction with the Stafford College of Further Education. The interest shown by industrial firms in Stafford was very encouraging when their views were invited about the usefulness and likely response to this course.

During July talks were given to the kitchen and domestic staff of five hospitals. These are now a regular yearly feature.

Contact was maintained with Madeley Teachers Training College and sixteen lectures were given to trainee teachers.

The most effective method of furthering the education of the individual in terms of community and personal health is through talks and discussions. Visits to Women’s Institutes. Mothers’ Clubs, Youth Clubs and other organisations form a large section of the department’s work. Much interest in the various health topics was encountered.

The following details relate to work undertaken by the Health Education staff, but it must be pointed out in addition that many lectures are undertaken by other members of the Health Department staff. Acknowledgement must be given to these members, whose contributions so fully supplement the work of the section. In this connection the technical assistant gave 119 film shows to support such members in their health education work.

<i>Subject</i>						<i>Lectures</i>	<i>Attendance</i>
Personal Health and Hygiene	..	..	..	..	..	30	1,331
Home Safety	..	..	..	..	..	15	360
Smoking	..	..	..	..	..	4	103
Drugs and Alcohol	..	..	..	..	..	11	361
Personal Relationships	..	..	..	..	..	22	691
Venereal Diseases	..	..	..	..	..	6	176
Cancer	..	..	..	..	..	6	97
“Any Questions”	..	..	..	..	..	2	73
Others	..	..	..	..	..	17	358

HEALTH VISITING

At the 30th September, 1968, the number of Health Visitors employed was 121. In addition, there were 9 nurses holding the combined post of District Nurse/Midwife/Health Visitor. The staff establishment is normally reviewed annually but due to financial restrictions no increase was made this year, the establishment remaining at 156. It was also decided that recruitment should be restricted to 138 during the year.

Mention was made in the 1967 Report of the opening of the training course for Health Visitors at the University of Keele. Nine Student Health Visitors were successful in the 1967-68 course and one successfully completed the course at Birmingham. These students, in accordance with County policy, were placed in the areas of greatest need.

Eleven students commenced the 1968-69 course at Keele in October, 1968, one student was seconded to the Manchester course and three to Birmingham.

The Keele course, as will be seen from the details given, has been very successful from the recruitment angle. As a result the staff position has improved slightly and the staff who are concerned with the training of Health Visitors in the field have been stimulated by their contact with the University. This has been most helpful in promoting a lively and up-to-date approach to the work in the County.

In view of the increasing importance of the role of the Health Visitor in preventive medicine it is essential that this course should be maintained. Unfortunately, only 7 places have been allotted to the County Council in the 1969-70 course. Uncertainty as to the County Council’s continued support has led the University to postpone plans for the expansion of the course.

The following are the statistics relating to the Health Visiting Service during 1968:—

Visits to Expectant Mothers:

First visits	..	..	..	..	3,387
Total visits	..	..	..	..	4,671

Visits to Infants under one year:

First visits	..	..	..	..	14,938
Total visits	..	..	..	....	55,042
Total visits to children aged 1 year and under 2 years					
..	..	..	..	..	44,188
Total visits to children aged 2 years and under 5 years					
..	..	..	..	..	64,933

—	Cases visited by Health Visitors	No. of cases
1	Total number of cases	60,798
2	Children born in 1968	14,995
3	Children born in 1967	13,007
4	Children born in 1963-66	23,585
5	Total number of children in lines 2—4	51,587
6	Persons aged 65 or over	3,332
7	Number included in line 6 who were visited at the special request of a General Practitioner or hospital	659
8	Mentally disordered persons	72
9	Number included in line 8 who were visited at the special request of a General Practitioner or hospital	44
10	Persons excluding maternity cases discharged from hospital (other than Mental Hospitals)	465
11	Number included in line 10 who were visited at the special request of a General Practitioner or hospital	438
12	Number of tuberculous households visited	109
13	Number of households visited on account of other infectious diseases	232
14	Other cases	3,032
15	Number of tuberculous households visited by Tuberculosis Visitors	1,063

HOME NURSING SERVICE

At the 30th September, 1968, there were 78 whole-time General Nurses together with 60 part-time General Nurses, 47 of these being also Domiciliary Midwives and 9 District Nurse/Midwives with part-time Health Visiting duties.

Supervision is exercised by four Area Nursing Officers and their Deputies who also have supervisory responsibility for midwifery and health visiting staff.

The combined appointments of District Nurse and Midwife or Health Visitor are made in those rural districts where the widely dispersed population makes it impossible to separate general nursing from midwifery work without creating districts too large to be practicable for either service. Unfortunately, such posts have become increasingly difficult to fill and re-distribution of work is becoming necessary.

As opposed to the midwifery and health visiting service, there is little difficulty in filling district nurse vacancies.

In the figure of 78 whole-time General Nurses mentioned above are included 6 male nurses who are responsible for the nursing of patients who could be more appropriately nursed by a male nurse, together with heavy cases.

The greatest call upon the district nursing service is nursing of the chronic sick. The home nursing service is adequately equipped to deal with many of the patients who are at present recalled to hospital for such procedures as the removal of stitches. Hospital care and long journeys to outpatients' clinics are, of course, far more expensive than home visits by the district nurse as well as being disturbing to the patients. This matter has been brought to the notice of the hospitals and it is hoped that the District Nurses will undertake more of this work in future.

A scheme operates in Newcastle-under-Lyme whereby two bathing attendants are employed to help the District Nurses. The scheme works satisfactorily and it is hoped to extend it further.

Disposable syringes, gloves and hospital under-pads have continued to be issued to the nursing staff and are much appreciated by all concerned.

The policy of sending nurses employed on the district for special training has continued, 4 having been trained and received the certificate of proficiency approved by the Ministry of Health.

The following tables show some general statistics relating to the Home Nursing Service.

Analysis of New Cases Nursed during the Year

Condition	Total new cases	Age 0-4	Age 5-15	Age 16-64	65 and over
Tuberculosis	50	—	2	41	7
Other infectious diseases	144	67	49	24	4
Diseases of the blood	712	5	6	307	394
Diseases of the heart	528	3	4	113	408
Cerebral Haemorrhage and thrombosis	731	—	—	113	618
Other circulatory diseases	199	1	—	57	141
Respiratory diseases other than tuberculosis	581	94	17	156	314
Diseases of ear or nose and throat	165	30	32	81	22
Eye conditions	47	1	3	10	33
Dental conditions	5	1	1	2	1
Gynaecological conditions	260	—	—	102	158
Genito-urinary	205	3	4	45	153
Diseases of bones, joints and muscles	455	8	4	142	272
Diseases of digestive system	539	67	22	218	232
Diabetes	229	4	4	73	148
Parasitic conditions (worms, lice, etc.)	5	2	—	2	1
New growths	591	1	—	264	326
Senility	608	—	—	4	604
Diseases of skin and subcutaneous tissues	471	26	17	152	276
Mental and nervous conditions	137	3	2	81	51
Injuries	388	29	52	169	138
Burns and scalds	134	26	14	51	43
Sepsis	159	9	9	83	58
Post operative	274	1	—	272	1
Complication of pregnancy or puerperium	274	1	—	272	1
Other conditions	394	52	25	135	182
TOTALS	8,168	440	309	3,114	4,305

Number of Treatments

Type of Case	Total number of treatments given in all cases — old and new — during the year ended 31st December, 1968
General Nursing	105,913
Dressings	59,791
Observation of Patient	20,282
Enemas	3,643
Changing of Pessaries	893
Washouts, douches and catheterisation	8,765
Preparation for diagnostic investigations	2,849
Injections—antibiotics	7,579
Other injections	60,165
Other treatments	11,514

Visits

- (a) Total number of visits made 253,527
- (b) Number of patients who would have required admission to hospital if a Home Nursing Service had not been available:
- i Acute 1,509
 - ii Chronic 1,762

SUPPLY OF INCONTINENCE EQUIPMENT

In 1961 a pilot scheme was introduced to assess the value of incontinence pads for certain patients under the care of the Domiciliary Nurses. This indicated that these pads were of great value in enabling difficult cases to be nursed at home and in 1962 arrangements were made for them to be supplied to any case under the care of the Home Nurse.

Ministry of Health Circular 14/63 desired local authorities to make this service available to patients other than those cared for by the Home Nurse. Arrangements were, therefore, made for the Area Medical Officers to supply incontinence pads to such cases, providing that they were satisfied that the need was genuine and that there would be no excessive or abnormal use of the pads.

Methods of disposal vary in different parts of the County. In some cases the District Council makes special collections for incineration, while in others they are collected with ordinary refuse. In both cases they are placed in wet-strength paper sacks before being offered for disposal.

During 1968, 165,000 pads were supplied to cases of all types within the Administrative County.

In Circular 14/66 the Ministry of Health pointed out that some people who are incontinent by day but are not confined to bed need protective clothing in the form of waterproof pants or knickers with disposable linings. As for the supply of incontinence pads, the Ministry recommends that it is not necessary to restrict the provision of waterproof pants and interliners to persons already receiving home nursing and suggested that all local health authorities do provide such nursing aids to people who would benefit from them. This provision has been complied with in those cases where this was considered to be necessary.

Because of the high cost of protective clothing, a register of persons authorised to be issued with these items is maintained. Each application is carefully considered and priority is given to cases whereby the child is enabled to attend school or the person enabled to attend work through provision of this clothing. At the end of 1968 there were 70 cases on the register and the total supplies during 1968 were 153 pants and 40,000 interliners.

The main categories of illness qualifying for these supplies are:—

Spina Bifida
Severely sub-normal
Colostomy
Cystitis
Colitis
Senility

MATERNAL MORTALITY

During the year there were five deaths under the heading of Pregnancy, Childbirth, Abortion, all of which occurred in hospital.

Each of these deaths was investigated in accordance with the procedure laid down by the Ministry of Health and reports have been submitted on Form M.C.W.97 Revised. The aim of the confidential enquiry is to enable such deaths to be analysed and to try and see if things were done or left undone which might have contributed to the fatal outcome.

The following table gives similar information since 1950:—

Year	No. of Deaths	Deaths Occurred	
		In Hospital	At Home
1950 ..	13	11	2
1951 ..	9	8	1
1952 ..	13	10	3
1953 ..	15	13	2
1954 ..	8	8	—
1955 ..	7	6	1
1956 ..	16	15	1
1957 ..	8	7	1
1958 ..	8	7	1
1959 ..	7	5	2
1960 ..	8	7	1
1961 ..	4	4	—
1962 ..	11	9	2
1963 ..	7	4	3
1964 ..	6	4	2
1965 ..	2	1	1
1966 ..	5	5	—
1967 ..	4	2	2

MEDICAL ASSESSMENTS AND REPORTS

This branch of the work of the Department deals with:—

1. Medical assessments of candidates appointed to the Council's service and their fitness for admission to the appropriate superannuation and sickness pay schemes;
2. medical reports on staff at the request of employing committees;
3. driving licence referrals on medical grounds;
4. medical examinations of entrants to training colleges for teachers and the teaching profession.

MEDICAL ASSESSMENTS

The completion of medical questionnaires by prospective employees continues to work satisfactorily and has obviated work involved with the arrangement and carrying out of medical examinations. Approximately one-sixth of the candidates screened for employment were subsequently examined which constitutes a slight increase over previous years. In order that a more thorough check could be provided candidates who submitted questionnaires which were considered doubtful were fully examined as opposed to the investigation of the defects disclosed by the candidate, which hitherto has been the case. This has required only a little more clinic time but has enabled decisions to be made more easily, especially where a person has been considered to be unfit on medical grounds for employment.

This year medical examinations of entrants to teacher training colleges and the teaching profession have been undertaken in addition to the screening of superannuable employees. Although this has increased the number of medical reports dealt with, a large proportion were suitable for immediate forwarding to the college medical officers. These examinations, which are required by the Department of Education and Science, are not so searching as those required in connection with the

Local Government Superannuation Acts and, in any event, the candidates belong, on average, to a lower age group. It is inevitable that less investigation of their health situation is required.

STATISTICS

Three thousand and ninety-three candidates were referred for screening, of these 2,505 completed a medical questionnaire.

Six hundred and seventy-five medical examinations were carried out, 506 as a result of information contained in medical questionnaires, 136 under the Firemen’s Pension Scheme Order, 21 by Area Medical Officers and 12 for ambulance personnel. Of these 675 examinations, 147 were carried out by General Practitioners and 528 by Assistant County Medical Officers or other Local Authority Medical Officers.

There was an increase in the number of freedom from infection certificates completed to 687, General Practitioners having completed 437 and Assistant County Medical Officers 250. The major increase was in the School Meals Service where supervisory assistants were recruited for playground supervision duties at lunchtimes. Each had a routine chest X-ray examination.

Two thousand and fifty-three candidates had routine chest X-ray examinations through the auspices of the Chest Radiology Service. This increase was brought about partly by the increase in school meals part-time staff and partly by the inclusion of employees who do not work in schools, but whose duties, of necessity, bring them into contact with children, *e.g.* library and playing fields and grounds employees.

Screening results were as follows:—

No. of candidates found fit to be included in the Superannuation and Sickness Pay Schemes	..	..	2,785
No. of candidates included in the above category who had minor defects	..	..	46
No. of candidates found to be fit for the post applied for but not for inclusion within either or both of the Superannuation or Sickness Pay Schemes	..		44
No. of candidates rejected	..	..	35

MEDICAL REPORTS ON STAFF

Cases of prolonged absence through sickness continued to be referred to the Department for investigation. Opinion based upon medical evidence was also given upon staff members unable to perform their duties efficiently or retirement which also required consideration of breakdown pensions.

Roadmen who were absent from duty for more than six weeks in twelve calendar months were investigated and the results were as follows:—

1. Sickness of Roadmen	..	..	98
2. Sickness of other staff	..	..	38
3. Gratuities etc.	..	..	37..

DRIVING LICENCES

Eighty-two driving licence cases were referred for opinion as to their medical fitness to hold a driving licence. This procedure is in accordance with sections of the Road Traffic Acts appertaining to eyesight requirements, mental illness or epilepsy.

ENTRANTS TO TEACHER TRAINING COLLEGES AND TEACHING PROFESSION

Five hundred and ninety-seven prospective entrants to teacher training colleges were examined by Assistant County Medical Officers in accordance with the procedure laid down by the Department of Education and Science. Each candidate had a chest X-ray examination carried out by the Chest Radiology Service.

One hundred and sixteen entrants to the teaching profession were similarly examined during the year and each had an X-ray examination of the chest.

NON-INSURED PERSONS

It is a general requirement of the County Council that the payment of sick pay beyond three days is conditional upon production of appropriate medical certificates as evidence of the sickness of the employee concerned. Difficulty has been experienced in the past in this connection with non-insured persons because certain doctors refused to issue private medical certificates to non-insured patients, even on payment. Consequently, the employees concerned could not be paid sickness allowance. In fairness to these employees a scheme has been devised to meet this contingency whereby a form of medical questionnaire was completed by the person concerned and if the answers were satisfactory from my point of view, sick pay would then be paid for a limited period based on my recommendation. One questionnaire was considered during the year.

MENTAL HEALTH SERVICE

ADMINISTRATION

The Mental Health Sub-Committee (of the Health Committee) deals with the functions of the County Council relating to the Mental Health Service, the recommendations of the Sub-Committee being subject to the approval of the Health Committee and the County Council.

The Mental Health Section of the County Health Department administers both the mental health and child guidance services under the medical direction of the Principal Medical Officer for Mental Health (qualifications M.R.C.S. (Eng.), L.R.C.P. (Lond.)). The senior administrative assistant is the County Mental Welfare Officer (qualifications D.P.A. (Lond.)).

The Section is responsible for the provision of a social work service training centres, residential establishments and other specialised services for the mentally disordered, the promotion of new projects included in an extensive building programme, and maintenance and improvement of existing services.

Responsibility for the day-to-day supervision of social work for both the mental health and child guidance services is vested in the Senior Casework Supervisors at the Mental Health Centres. There is one such Centre in each of the three areas into which the County is divided, these being co-terminous with the reception areas of the three Hospitals for the Mentally Ill which serve the County.

The Senior Casework Supervisors are qualified psychiatric social workers and their deputies (Casework Supervisors) must be either qualified psychiatric social workers or certificated social workers with at least three years' experience as mental welfare officers. These officers supervise the social work service, carry a small case-load themselves and are responsible for the promotion and integration of the mental health and child guidance work within their areas.

Details of the field staff working from the Mental Health Centres as at 31st December, 1968, are given below:—

- (a) *Casework Supervisors*: One Senior Casework Supervisor and one Casework Supervisor in post. There were four vacancies, two of which were senior posts.
- (b) *Mental Health*: Five Senior Mental Welfare Officers (all qualified by length of service) and nine Mental Welfare Officers (two holding Certificate in Social Work). In addition there were two vacancies at 31st December, 1968.
- (c) *Child Guidance*: Four full-time Social Workers (all qualified) and four part-time (fourteen sessions per week qualified and six sessions per week unqualified).

TRAINING CENTRES

(a) *Children and Adults receiving training*

The extent of training facilities for the mentally handicapped is shown below. Section (A) indicates the numbers on roll at Staffordshire Training Centres and the numbers who receive home tuition from teachers employed by the Education Committee and by Home Teachers appointed by the Health Committee. Section (B) shows the use made of Training Centres administered by neighbouring local authorities for children and adults who are resident in Staffordshire.

	<i>Adults</i>	<i>Juniors</i>
(A) FACILITIES PROVIDED IN STAFFORDSHIRE		
<i>Training Centre:</i>		
Cannock Junior	—	74
Leek Junior	—	39
Lichfield Junior	—	52
Newcastle Junior	—	65
Stafford Junior	—	40
Leek Adult	49	—
Newcastle Adult	77	—
Stafford Adult	77	—
Lichfield Adult	63	—
Cannock Adult	46	—
Home Teachers	6	4
(B) FACILITIES PROVIDED OUTSIDE STAFFORDSHIRE		
<i>Training Centre:</i>		
Shepwell Green Adult (Walsall C.B.)	2	—
Brewer Street Adult (Walsall C.B.)	3	—
Oxley Adult and Baby Unit (Wolverhampton C.B.)	4	3
Waterloo Road Junior (Wolverhampton C.B.)	—	9
Anglesey Road (Burton-on-Trent C.B.)	3	2
Audnam Adult (Dudley C.B.)	5	—
Blythe Junior (Warwickshire C.B.)	—	10
Chell Heath Junior (Stoke-on-Trent C.B.)	—	4
Longmoor Junior (Sutton Coldfield C.B.)	—	15
Tividale Junior (Warley C.B.)	—	4
Albert Bradford Adult (Warley C.B.)	3	—
TOTALS	338	321

The figures in the above table show an increase of 74 over the previous year. This is mostly the result of the Lichfield Adult Training

Centre being brought more fully into use since 12th February, 1968, when equipping and staffing were completed, and a larger intake at the Stafford Adult Centre. A reduction in the numbers of Staffordshire trainees attending out-County centres was achieved as a result of the transfer of a group to the Lichfield Adult Centre, and some being transferred to the Leek Centre from the Adult Centre administered by Stoke-on-Trent County Borough following adjustments to the catchment areas and revision of transport routes.

At the end of the year there were 37 children and 14 adults on waiting lists for training.

(b) *Training Centre Staff*

The staffing of training centres as at the end of the year is set out below:—

- (i) Supervisors: 9 (all qualified or holding the Letter of Recognition).
- (ii) Instructors: (at Adult Centres) 29 including deputies (6 qualified or holding the Letter of Recognition).
- (iii) Assistant Supervisors (at Junior Centres): 24 including deputies. (15 qualified or holding the Letter of Recognition).

TAN-Y-BRYN

(a) *Summer Season*

The annual holidays for the training centre children and adults were again provided at the Staffordshire County Council Home, Tan-y-Bryn, at Colwyn Bay. In all, 419 mentally handicapped persons from Staffordshire Training Centres spent one week by the sea during the summer months. They were accompanied by 79 members of staff who worked with the staff of the Home to give their charges an enjoyable holiday. In addition, unaccompanied mentally handicapped adults were accommodated in two parties and also filled vacant places on occasions when the smaller training centre parties stayed at the Home (76 in all). Accommodation was also used for children accompanied by parents (130). One party of children attending child guidance clinics for treatment (28), and two parties from Homes for the Elderly (39) were also accommodated as part of the summer programme. The latter parties were assisted by 22 members of staff and voluntary helpers.

(b) *Winter Season*

During the winter months Tan-y-Bryn is used for short periods (normally fortnightly) of temporary care for various groups of mentally handicapped persons from the community.

It is evident from remarks made by parents that a short period of respite once or twice a year does much to relieve stress and enable parents to continue caring for the child at home.

The Voluntary Committee attached to the Home have continued with the programme of improvements to the facilities provided, and assisted the staff of the Home in many ways.

VOLUNTARY WORK IN THE MENTAL HEALTH FIELD

The Health Department has continued to work closely with the Staffordshire Association for Mental Welfare whose local voluntary committees give valuable supplementary help at the various mental health establishments. During the year a new voluntary association came into being—the Staffordshire Society for Mentally Handicapped Children—which is a branch of the National Society for Mentally Handicapped Children. We wish the two voluntary organisations every success with their efforts on behalf of the mentally disordered in future years.

Voluntary help has been forthcoming during the year from other sources including much valuable assistance provided by police cadet volunteers at Tan-y-Bryn during the winter period. We are most grateful to the Staffordshire and Gwynedd Constabularies for their co-operation in this matter.

The International Voluntary Service also gave valuable assistance at Tan-y-Bryn during the two weeks when unaccompanied child guidance children and persons requiring special care were accommodated at the Home, by providing 8 volunteers of various nationalities to help with the care of the residents. Community Transport provided an extra minibus with a voluntary driver at Tan-y-Bryn throughout the winter season at a charge for the service of £8 per week. The driver was changed every fortnight and was resident at the Home. The scheme was financed from voluntary sources and the use of the additional vehicle enabled an extensive programme of outside activities to be arranged for the residents. We are deeply indebted to these organisations for their energetic help and, indeed, to all the youth organisations, churches and other groups which helped in any way at the many mental health establishments administered by the County Council.

TRAINING

(a) *Full-time courses to which staff were seconded during 1968 are shown below:—*

Course	No. of Staff	Designation	Notes
Diploma of the Training Council for Teachers of the Mentally Handicapped (Juniors) (2-year 1968 to 1970)	5	Assistant Supervisors	Course continuing
Diploma of the Training Council for Teachers of the Mentally Handicapped (Adults) (1-year 1968–1969)	2	Instructors	Course continuing
Diploma of the Training Council for Teachers of the Mentally Handicapped (Juniors) (2-year 1966–July 1968)	3	Assistant Supervisors	Obtained qualification
Diploma of the Training Council for Teachers of the Mentally Handicapped (Juniors) (2-year 1967–July 1969)	2	Assistant Supervisors	Course continuing
Diploma of the Training Council for Teachers of the Mentally Handicapped (Juniors) (1-year 1967–July 1968)	1	Assistant Supervisor	Obtained qualification
Diploma of the Training Council for Teachers of the Mentally Handicapped (Adults) (1-year 1967–July 1968)	1	Instructor	Obtained qualification
Certificate in Social Work (1-year 1967–1968)	1	Senior Mental Welfare Officer	Obtained qualification
Diploma in Social Work (1-year 1967–1968)	1	Social Worker	Obtained qualification

(b) *County Training Scheme for Training Centre Staff:*

There was a further recruitment in September under the County Council's training scheme for young people wishing to become teachers of the mentally handicapped. The response from school leavers continues to be most encouraging but, as the majority of applicants are girls, the scheme suffers in the same way as the ordinary teaching and nursing professions in losing many of the recruits soon after qualification due to marriage. A steady annual recruitment is therefore desirable in order to maintain or improve the number of qualified staff in the training centres.

(c) *Annual Refresher Course*

We are grateful to the Principal, Miss Malloch, and other staff of Nelson Hall, for the continued hospitality year by year which they extend to the training centre staff at the Annual Refresher Course. The Course this year was held from the 8th to the 11th April and approximately 160 students attended. This was the largest number so far and well over half came from local authorities outside Staffordshire, some from as far afield as Cornwall and County Durham. The Easter term is shortened to enable Staffordshire staff to attend the Course and attendance is invariably very nearly one hundred per cent.

DEVELOPMENT OF THE SERVICE DURING 1968

No new establishments were opened during the year but some extensions to existing premises were carried out. These are shown in the following table:—

Name and Address of Establsihment	Description of Premises or Changes	Date Opened	No. of Places
Extensions to Newcastle Junior Training Centre, Wilmot Drive, Newcastle.	To provide nursery classroom, toilets, store and pram store.	1/4/68	No addition number of places provided.
Extensions to Cannock Junior Training Centre, Brunswick Road, Cannock.	To provide domestic instruction and manual instruction rooms plus stores and toilets.	4/9/68	No addition to number of places provided.
Extensions to Leek Junior Training Centre, Springfield Road, Leek.	To provide nursery classroom, toilets, cloaks and stores and larger hall/diningroom.	27/5/68	Added 10 places to Centre.

WORK UNDERTAKEN IN THE COMMUNITY

New Cases

The numbers of persons referred to the Mental Health Service are increasing year by year, particularly from general practitioner and hospital sources, the total figures for the past three years being 1,844, 2,316 and 2,422. This is, perhaps, an indication that doctors in general practice and in the hospitals are having increased confidence in the services provided by the local authority as more senior qualified staff become available.

Particulars of new cases reported to the Local Health Authority during 1968 are given below. These are shown under each of the four categories laid down by the Mental Health Act, 1959:—

Referred by	Mentally Ill		Psycho-pathic		Sub-normal		Severely Subnormal		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	
(A) General Practitioners:									
(1) Under 16 years of age ...	2	1	—	—	—	—	3	2	701
(2) Aged 16 years and over ...	287	395	2	—	3	1	3	2	
(B) Hospitals (after in-patient treatment):									
(1) Under 16 years of age ...	—	1	—	—	—	—	5	1	649
(2) Aged 16 years and over ...	241	383	11	—	3	1	1	2	
(C) Hospitals (after or during out-patient or day treatment):									
(1) Under 16 years of age ...	—	—	—	—	3	4	4	6	282
(2) Aged 16 years and over ...	72	176	—	—	6	6	3	2	
(D) Local Education Authority:									
(1) Under 16 years of age ...	—	1	—	—	11	14	16	11	100
(2) Aged 16 years and over ...	—	—	—	—	20	27	—	—	
(E) Police and Courts:									
(1) Under 16 years of age ...	—	—	—	—	1	—	5	7	129
(2) Aged 16 years and over ...	42	52	5	1	10	2	2	2	
(F) Other Sources:									
(1) Under 16 years of age ...	1	—	—	—	16	19	11	15	561
(2) Aged 16 years and over ...	179	223	9	2	22	32	16	16	
TOTAL ...									2,422

Community Care

In addition to those receiving training or on waiting lists for training many other mentally disturbed or mentally handicapped persons living within the community are visited by Mental Welfare staff. The following table shows the numbers receiving care at the end of the year.

Again the total number of persons in care has increased—particularly those for whom training and hostel places are now available. The numbers of those living at home and receiving visits from social workers are also growing steadily. The total figure for the past three years has been 1,481, 1,516 and 1,851.

	Mentally Ill		Elderly Mentally Infirm		Psycho-pathic		Sub-normal		Severely Sub-normal		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
(A) Receiving training in Training Centre:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	172	145	
(2) Aged 16 years and over...	3	2	—	—	2	—	23	14	169	119	649
(B) Awaiting entry thereto:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	19	18	
(2) Aged 16 years and over...	—	—	—	—	—	—	1	—	8	5	51
(C) Receiving Home Training:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	3	1	
(2) Aged 16 years and over...	1	1	—	—	—	—	3	1	—	—	10
(D) Awaiting Home Training:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	1	—	
(2) Aged 16 years and over...	—	—	—	—	—	—	—	—	—	—	1
(E) Resident in L.A. Home/Hostel:											
(1) Under 16 years of age ...	—	—	—	—	—	—	1	1	25	25	
(2) Aged 16 years and over...	12	14	13	35	—	—	8	11	24	15	184
(F) Awaiting residence therein:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	6	2	
(2) Aged 16 years and over...	1	3	3	12	—	—	5	—	6	2	40
(G) Resident at L.A. Expense in other Homes/Hostels:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	—	—	
(2) Aged 16 years and over...	—	—	—	—	—	—	—	—	1	3	4
(H) Resident at L.A. Expense in private household:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	—	—	
(2) Aged 16 years and over...	—	—	—	—	—	—	1	—	1	—	2
(I) Attending Day Hospitals:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	2	—	
(2) Aged 16 years and over...	—	3	—	—	—	—	—	—	1	—	6
(J) Receiving home visits and not included in (A) to (H) above:											
(1) Under 16 years of age ...	—	—	—	—	—	—	2	8	34	40	
(2) Aged 16 years and over...	164	314	—	2	3	—	92	89	59	97	904
(K) Totals:											
(1) Under 16 years of age ...	—	—	—	—	—	—	3	9	262	231	
(2) Aged 16 years and over...	181	337	16	49	5	—	133	115	269	241	1,851

NOTE.—In Sections (A) to (J) the figures relate to *categories only* and a person may appear under more than one category. The totals in Section (K) relate to *persons in care*, each person being counted once only. The totals are therefore not necessarily a direct addition of the figures above.

The majority of mentally subnormal children and adults receive regular visits by the Mental Health staff experienced in the work, who can advise wisely when difficulties arise. Those admitted to the Training Centres gain benefit and happiness from the friendly school or workshop atmosphere, and most of them can remain living in their own homes.

The Hostels which have been opened in conjunction with Training Centres are all full to capacity during term-time. The residents are mainly mentally subnormal persons who have no homes, come from unsuitable home backgrounds, or whose parents need some relief from their care. Some are able to go home for weekends and during the Centre holidays. The vacant beds so created provide temporary accommodation for those who usually live at home, whilst their parents and relatives take a holiday.

Other mentally handicapped persons living in the community are able to work and ready assistance is given to the social workers by officers of the Department of Employment and Productivity in placing them in suitable employment. The Department of Health and Social Security provides financial aid to those who are unemployable.

Guardianship

At 31st December, 1968, there was one male over 16 years of age under statutory guardianship of the local health authority. He receives regular visits from a social worker and is in regular employment.

Hospital Care

During 1968 there were 16 informal admissions to hospitals for the mentally subnormal under provisions of the Mental Health Act, 1959.

The table below indicates the extent of temporary residential care provided during the year and the state of the hospital waiting list by the end of the year:—

	Mentally Ill		Elderly Mentally Infirm		Psycho-pathic		Sub-normal		Severely Sub-normal		S Total q
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Number of persons in L.H.A. area awaiting admission to hospital at 31/12/68:											
(A) In urgent need of hospital care:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	12	9	} 25
(2) Aged 16 years and over ...	—	—	—	—	—	—	—	—	2	2	
(B) Not in urgent need of hospital care:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	2	3	} 13
(2) Aged 16 years and over ...	—	—	—	—	—	—	—	—	4	4	
Number of admissions for temporary residential care during 1968:											
(A) to N.H.S. Hospitals:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	10	2	} 17
(2) Aged 16 years and over ...	—	—	—	—	—	—	—	—	3	2	
(B) to L.H.A. residential accommodation:											
(1) Under 16 years of age ...	—	—	—	—	—	—	7	4	45	43	} 242
(2) Aged 16 years and over ...	10	28	5	2	—	—	1	1	61	35	
(C) Elsewhere:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	—	—	} —
(2) Aged 16 years and over ...	—	—	—	—	—	—	—	—	—	—	

THE WORK OF THE MENTAL HEALTH CENTRES

These Centres provide a focal point for all aspects of mental health for each area. As the experience of staff widens and more qualified personnel become available, so the Centres are becoming increasingly recognised as agencies willing to offer skilled help and advice on the emotional problems of living.

The statistics which are collected from time to time (some of which are included in this report) all show a general increase in the amount of work done within the community. The number of supportive home visits which the Mental Welfare staff have been able to make has increased steadily over the past few years, and there are indications in several parts of the County of the benefits of this progress in effective prevention work and a corresponding lowering in the number of patients admitted to hospitals for the mentally ill and the subnormal. On other areas shortage of staff has temporarily slowed down this momentum.

Subnormality clinics held in collaboration with the staff of the Regional Hospital Board have continued. These are diagnostic and advisory clinics for mentally subnormal children, adults and their families. The clinics held at Stafford are at two-monthly intervals and are served by Stallington Hospital staff. Occasional clinics are held at Kingswinford as required with staff from St. Margaret's Hospital, who also provide similar facilities in Cannock when necessary.

The Social Club in Lichfield temporarily closed at the end of the year pending the return to duty of the Occupational Therapist in charge of the group. This has more recently resolved itself into a handicraft group and was being conducted along the lines of the other handicraft groups which have been set up in various parts of the County during the past few years. There is at present no Social Club as such in the County, but it is hoped to make further experiments in this field.

THE FUTURE

Progress is being made with plans to provide a Junior Training Centre and Adult Training Centre at Aldridge for the Urban District and neighbouring areas. Apart from a future need for an Adult Training Centre to serve Seisdon Rural District and a Junior Training Centre in Uttoxeter, day training facilities will then be accessible from nearly all parts of the Administrative County. Arrangements will continue to be made for persons living on the periphery of Burton-on-Trent to attend training centres in the County Borough with the consent of the Burton-on-Trent Corporation and the needs of the Tamworth area will be borne in mind as the town expands in population. The problem of finding an outlet from adult training centres will be thoroughly investigated with a view to some type of sheltered employment for those who can be successfully trained but are incapable of progressing to open employment and further units for those who cannot respond to the training being provided.

Provision of residential accommodation will, it is hoped, make further progress, experience so far indicating that there is still a great un-met need for the adult subnormal and the mentally ill who require long-term sheltered accommodation. Efforts are being made by one of the local voluntary committees of the Staffordshire Association for Mental Welfare to provide unstaffed accommodation for the mentally ill, and it is anticipated that the first home will be provided in 1969. This scheme will be studied with great interest, and it is hoped that the Authority will be in a position to report fully on the project in next year's Annual Report.

MIDWIVES' SERVICE

The following are particulars of the midwives practising at the end of 1968:—

Number of midwives employed by the Authority	..	151
Number of midwives in private practice (including midwives employed in Nursing Homes):		
Domiciliary	.. .. .	2
Number of midwives employed by Hospital Management Committees	.. .. .	52

The following table shows the number of cases dealt with by the midwives in the area of the Local Supervising Authority during the year:—

Deliveries attended by Domiciliary Midwives during the year:—

Number of domiciliary confinements attended by midwives under N.H.S. arrangements					Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked		Doctor booked		Total	
*Doctor present at delivery (1)	Doctor not present at delivery (2)	Doctor present *at delivery (either the booked Doctor or another) (3)	Doctor not present at delivery (4)		
5	225	292	3,071	3,593	(6) 7,946

* Doctor to be regarded as present if he is present during the first, second or third stages of labour.

Particulars of deliveries by Midwives for the last 29 years are given in the table below:—

Year	*No. of deliveries by Midwives	Medical Aid Notices	Still-births	Death of Mother	Death of Child	Contact with Infection	Laying out the Dead	Artificial Feeding
1940	8,714	3,822	206	8	176	157	31	253
1941	9,101	3,966	220	8	187	151	38	280
1942	9,325	3,811	214	7	161	118	28	331
1943	9,190	3,546	172	3	159	125	17	374
1944	9,136	3,482	143	8	181	108	21	484
1945	8,159	3,259	133	8	119	113	14	460
1946	8,526	3,248	164	5	151	94	22	474
1947	9,375	3,358	167	4	127	125	18	568
1948	8,071	3,375	199	5	130	87	20	728
1949	6,520	1,767	146	5	81	82	21	616
1950	6,586	1,376	172	2	89	85	16	655
1951	5,909	1,467	161	1	67	85	20	709
1952	5,252	1,375	160	4	69	86	19	728
1953	5,895	1,290	148	5	48	60	21	764
1954	5,722	1,225	146	1	50	51	17	744
1955	5,693	1,118	168	1	43	67	14	815
1956	6,044	1,162	159	2	50	38	13	743
1957	6,102	1,113	157	—	48	60	17	840
1958	6,381	1,323	158	2	28	60	17	882
1959	6,273	1,274	132	1	22	57	7	1,022
1960	7,804	1,640	130	1	24	50	20	584†
1961	7,349	1,485	105	—	34	46	6	—
1962	7,416	1,294	113	1	34	39	4	—
1963	8,166	1,185	104	—	30	43	10	—
1964	8,093	1,102	84	—	27	38	3	—
1965	7,570	1,094	93	—	29	43	5	—
a1966	5,393	691	24	—	9	15	9	—
1967	4,041	509	25	3	8	6	—	—
1968	3,593	492	42	1	5	8	2	—

* Including midwifery cases in private maternity homes.

† To 30.6.60. Not required after 1.7.60.

a Boundary change.

The percentage of doctors' calls to the number of births attended by midwives was 13.7.

Supervision of midwifery staff is undertaken by four Area Nursing Officers and their Deputies, and they are also responsible for control of Home Nursing and Health Visiting Staff. Staff meetings are held at regular intervals.

All midwifery staff employed by the County Council have now been provided with Entonox apparatus for the administration of gas and oxygen during labour.

In accordance with the rules of the Central Midwives' Board, 27 midwives attended courses arranged by the Royal College of Midwives.

Thirteen of the County Council's midwives are approved by the Central Midwives' Board as Teacher Midwives. Sixteen pupils completed district training in the area as part of their Part II Midwifery training course during the year ended 30th September, 1968, and six are in training at this date.

The trend in midwifery for more patients to be delivered in hospital has been accelerated as the new units at New Cross Hospital, Good Hope Hospital and the North Staffs. Maternity Hospital have become established. Even so, due to the difficulty in recruiting staff, hospital deliveries are not as high as anticipated.

The scheme at the Victoria Hospital, Lichfield, mentioned in the report for 1966, continues to be successful, the number delivered during 1968 was 128. Meetings have taken place to consider a similar scheme with the Good Hope Hospital. The basis of the scheme is that patients normally return to their homes after 48 hours in hospital and the midwife who attended them whilst in hospital is responsible for their care throughout.

ANTE-NATAL PREPARATION CLASSES

For the Stafford and District area a member of the staff works full-time in organising and supervising three separate ante-natal classes.

Attendance throughout the year at these classes has been very encouraging especially at the North Walls Centre which continues to be the base for a large number of expectant mothers because it is the most convenient for those living outside the Stafford Borough boundaries. Classes are organised so that there are always two courses running at the Rising Brook Clinic, two at the North Walls Clinic and one at the Berks-wich Methodist Church Hall. Ideally the numbers attending the sessions should be limited to fifteen but this has not been possible at the North Walls Clinic and it has sometimes been necessary to run a third course at the same time. At each course a Baby Care Class is run which enables the Health Visitor to take part and become known to the expectant mothers. Adoptive parents are also invited to this session.

In spite of widespread advertsiing it is known that a good many expectant mothers do not know of the existence of the ante-natal preparation classes, and it is felt that further efforts at publicising these will have to be pursued regularly. Many mothers are referred by Burton House Maternity Home and by their General Practitioners from whom a great deal of support is forthcoming.

The interest shown by the expectant fathers is also very encouraging and the parents' evenings at the North Walls Centre are usually very well attended.

The statistics for 1968 for the Ante-natal Preparation Classes are given below:—

Total number of mothers attending	..	333
Hospital bookings..	.. ..	249
Domiciliary bookings	.. ..	84
Total number of attendances	.. ..	3,175
Hospital bookings..	.. ..	2,313
Domiciliary	.. ..	862

MOTHERS' CLUBS

In June 1966, the Health Committee approved a scheme for the establishment of mothers' clubs throughout the Administrative County.

The basic idea underlying the formation of these clubs is to bring mothers of children together at regular meetings. The clubs serve two main purposes:—

- (a) They enable mothers with a common interest to meet and provide a break from the home and children;
- (b) they provide a receptive group for topics of Health Education which have a beneficial effect on the health of the mothers and their families.

In return for accepting a programme of Health Education, the County Council make available premises for meetings, either by allowing the use of clinics, where it does not conflict with County Council functions, or by paying for the hiring of accommodation where necessary.

A constitution for the clubs has been laid down, as set out below:—

- (1) The Club shall be open to all mothers of children up to the age of 10 years.
- (2)
 - (i) Clubs should elect a Chairman and Committee annually from amongst its own members, together with a Secretary/Treasurer. A quorum of three members of the Committee (excluding the Secretary/Treasurer) is necessary before business can be conducted.
 - (ii) The Health Visitor or District Nurse of the Child Welfare Centre must be a member of the Committee.
- (3) *Club Activities*
 - (i) At the discretion of the Committee.
 - (ii) Fifty per cent of the programme should be given over to health education.
 - (iii) County Health Staff are available to help with health education and suggested programmes are available on request. Free loan of equipment is provided.
- (4) *Finance*

The County Council will pay for the hire of the premises subject to the hiring charges being approved by the appropriate Committee following consultation with the County Valuation Officer.
- (5) The Mothers' Clubs will be responsible for the repair or replacement of any damage occasioned during their occupation of the premises.
- (6) *Subscription*

Subscription fees must not exceed 2s. 6d. per person per meeting.
- (7) *Annual Programme of Clubs' Activities*

The yearly programme of the proposed club activities, together with any suggestions, speakers, etc., is required to be sent to the County Medical Officer of Health by the 30th November each year in respect of the following year.

The programmes of activities received from the mothers' clubs indicate that a wide variety of topics, discussions and lectures are provided.

For clubs that have been operating for three or more years (those that existed before the County Council scheme) practically all aspects of Health Education will have been covered. Care has to be taken therefore with regard to the amount of Health Education lectures provided to avoid duplication.

The number of assisted Mothers' Clubs in the County continues to expand gradually and at the end of 1968, the following clubs were operating successfully:—

Ashley
Barton-under-Needwood
Cannock
Glascote
Kidsgrove
Penkridge
Two-Gates, Tamworth
Uttoxeter
Wombourne

There is no doubt the scheme has proved beneficial to mothers who participate and attempts will be made to encourage and assist persons who are thinking of forming such a club in their locality.

There are, of course, various other types of clubs for mothers to attend. These have differing names and are formed under differing organisations (*e.g.* Young Wives Groups attached to Church Organisations).

NEIGHBOURLY HELP SERVICE

This service, which is an integral part of the Domestic Help Scheme, is one in which arrangements are made for neighbours to look after old or sick people living alone, and for the helpers to receive a daily fee for the work they undertake, *i.e.* lighting fires, undertaking shopping, collecting pensions, helping the old people when they are getting up or going to bed, etc. The importance and justification for the scheme is that it has helped old people to remain in their homes in familiar surroundings and that generally it results in obviating, or at least delaying, admissions to residential accommodation, thus bringing about a considerable saving in public money. It is known that persons employed very often do a lot more work for the cases than they are paid for. This is because of their genuine concern for the patient which means far more to them than financial reward.

During the year under review, the scheme continued as before and 37 neighbourly helps were provided.

NIGHT HELPS

The scheme for employing Night Helps (or Night Sitters or Watchers) was introduced in 1956 and is designed to provide help in cases of serious chronic and terminal illnesses to relieve the heavy strain on relatives by enabling them to have periods of undisturbed sleep during certain nights of the week. The scheme is also intended to give families opportunities of taking annual holidays in cases where there are aged parents who need constant attention and who cannot be temporarily removed to a hospital or other similar institution.

Whilst there is not a great amount of actual work involved in Night Help duties the task can be quite demanding as the Help sits with the patient usually from between 10-12 hours per night. Periods of Night Help duty are not usually long periods of duty. The Help attends the case continually until assistance is no longer required, and this normally is for a period of between 1 and 4 weeks.

Quite often persons employed as Domestic Helps with the Authority agree to undertake Night Help duty also, as it is not always possible to recruit outside persons.

It is generally found that the Night Help Service is called upon by General Practitioners as a last resort in cases of patients living alone and where there is some delay in removing the patient to hospital.

During 1968, the scheme continued unchanged and 64 persons were engaged as Night Helps.

NURSING COMFORTS

The County Council continues to have an arrangement with the British Red Cross Society and the St. John Ambulance Brigade for the provision of nursing aids throughout the Administrative County, such as commodes, wheelchairs, bedpans, hoists and various other items of equipment.

This service is maintained to a high standard by both organisations and is invaluable to the County Council in maintaining as much home nursing as possible thus relieving pressure on hospital services. As in previous years the County Council has made financial contributions and for the financial year ending 31st March, 1969, the following grants will have been made:—

British Red Cross Society — £4,556.

St. John Ambulance Brigade — £594 6s. 5d.

The equipment is loaned to the general public from the following centres:—

British Red Cross

Aldridge	Chasetown	Kings Bromley	Streetly
Alrewas	Cheadle	Kingsley	Tamworth
Alton (Cheadle)	Chorley	Kinver	Tutbury rural
Armitage	Codsall	Leek	Wall
Barton-under-Needwood	Eccleshall	Lichfield	Weeford
Biddulph	Gayton	Mayfield	Weston-under-Lizard
Blythe Bridge	Great Wyrley	Newcastle	Wheaton Aston
Brewood	Fradswell	Pelsall	Whittington
Brocton	Gnosall	Penkridge	Wombourne
Burntwood	Hammerwich	Rugeley	Yoxall
Burston	Haughton	Rushall	
Calton	Heath Hayes	Shenstone	
Cannock	Hednesford	Stafford	
	Ipstones	Stone	

St. John Ambulance

Audley	Hednesford	Cheadle	Uttoxeter
Aldridge	Stafford	Kidsgrove	Cheddleton
Chesterton	Brownhills	Leek	Great Wyrley

The British Red Cross Society report that during 1968 the total issue of medical loan items was 8,927 of which 6,348 were issued direct from the Stafford depot. This reflects very favourably with the 1967 total of 6,205 items and shows that the Service is expanding.

It is becoming increasingly difficult to find people to operate local depots. This task is made all the more difficult when private persons are asked to operate local depots and are expected to receive back into the medical loan store equipment in a dirty and unsatisfactory condition, bearing in mind, of course, that local depots are usually accommodated at private addresses. In some instances, wheelchairs have been returned so badly damaged as to require a major overhaul before re-issue. Commodes are in the main returned without being suitably cleansed.

May I take this opportunity of placing on record once again sincere thanks due to both organisations for their unstinting efforts to maintain what is a growing and most important community service.

PREMATURITY

The following table gives particulars of the number of premature infants who were born during 1968:—

(1) Number of Premature Live Births notified—							
(a)	In hospital	..	..	..	..	..	724
(b)	At home or a Nursing Home				..	..	112
							<hr/> 836
(2) Number of Premature Stillbirths notified—							
(a)	In hospital	..	..	..	..	..	111
(b)	At home or a Nursing Home				..	..	9
							<hr/>
	Total	..	..	..	..	..	120
							<hr/>

PREMATURE LIVE BIRTHS															PREMATURE STILLBIRTHS													
Born in hospital															Born at home or in a nursing home				Transferred to hospital on or before 28th day		Born							
															Died			Died			Total births (9)		Died		in hos- pital (13)		at home or in a nursing home (14)	
															Total births (1)	within 24 hours of birth (2)	in 1 and under 7 days (3)	in 7 and under 28 days (4)	Total births (5)	within 24 hours of birth (6)	in 1 and under 7 days (7)	in 7 and under 28 days (8)	Total births (9)	within 24 hours of birth (10)	in 1 and under 7 days (11)	in 7 and under 28 days (12)	Total births (13)	at home or in a nursing home (14)
Weight at birth																												
1	2 lb. 3 oz. or less	33	23	5	—	4	3	—	1	2	—	—	2	24	2													
2	Over 2 lb. 3 oz. up to and including 4 lb. 4 oz.	45	17	3	3	3	2	—	—	6	3	1	—	32	2													
3	Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	146	13	10	2	5	—	2	—	8	—	—	—	31	2													
4	Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	141	6	1	3	7	—	—	1	6	—	—	—	11	1													
5	Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	359	2	3	2	71	—	—	1	—	—	—	—	13	2													
6	Total	724	61	22	10	90	5	2	3	22	5	1	—	111	9													

VACCINATION AND IMMUNISATION

Circular CMO.9/68 gave information concerning the adoption of a single schedule of vaccination and immunisation procedures in place of those previously used.

It was decided to implement the revised schedule which was prepared by the Joint Committee on Vaccination/Immunisation and accepted by the Standing Medical Advisory Committee of the Central Health Services Council and the Ministry of Health.

.. The schedule was introduced in November, 1968, and is as follows:—

Age	Antigen	Minimum Intervals	Comments
6 months	First Triple Antigen (Diphtheria, Pertussis, Tetanus) and one dose of oral Poliomyelitis Vaccine.		
8 months	Second Triple Antigen and one dose of oral Poliomyelitis Vaccine.	6-8 weeks	
12-14 months ..	Third Triple Antigen and one dose of oral Poliomyelitis Vaccine.	4-6 months	
During 2nd year ... (13-15 months)	Measles Vaccine.	4 weeks	
During 2nd year ... (14-16 months)	Smallpox Vaccine.	4 weeks	May be given in first year in special circumstances.
Five years or school entry ..	Diphtheria, Tetanus Toxoid and oral Poliomyelitis Vaccine		May be given on entry to Nursery School. If no immunisation, or an incomplete basic course of immunisation has been given before school entry the full basic course of diphtheria, tetanus, pertussis and poliomyelitis immunisation should be given at school entry, but primary vaccination against smallpox should not be undertaken unless a need arises.
	Smallpox Vaccine.	4 weeks	Above antigens may be followed by re-vaccination against smallpox.
10-13 years ...	B.C.G. Vaccine.		For tuberculin negative children.
About 15 years, ... prior to leaving school	Tetanus Toxoid, Oral Poliomyelitis Vaccine.		
	Smallpox Lymph.	4 weeks	Above antigens may be followed by re-vaccination against Smallpox

In the statistical tables below details are given of the number of persons under the age of 16 years who received protection during 1968:—

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1968

Table 1.—Completed Primary Courses—Number of persons under age 16.

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1968	1967	1966	1965	1961- 1964		
1. Quadruple DTPP ..	—	—	—	—	—	—	—
2. Triple DTP	4,764	5,590	1,235	257	238	18	12,102
3. Diphtheria/Pertussis ..	2	3	—	—	—	—	5
4. Diphtheria/Tetanus ..	158	442	245	134	1,855	799	3,633
5. Diphtheria	1	22	18	4	14	9	68
6. Pertussis	4	—	—	—	—	—	4
7. Tetanus	4	13	23	30	454	746	1,270
8. Salk	26	12	17	—	—	—	55
9. Sabin	5,068	6,368	1,414	374	1,068	371	14,663
10. Measles	83	1,258	1,782	1,285	3,290	675	8,373
11. Lines 1+2+3+4+5 (Diphtheria)	4,925	6,107	1,498	395	2,107	826	15,858
12. Lines 1+2+3+6 (Whooping Cough) ..	4,766	5,597	1,235	257	238	18	12,111
13. Lines 1+2+4+7 (Tetanus)	4,926	6,095	1,503	421	2,547	1,563	17,055
14. Lines 1+8+9 (Polio)	5,094	6,380	1,431	374	1,068	371	14,718

Table 2.—Reinforcing Doses—Number of persons under age 16.

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1968	1967	1966	1965	1961-1964		
1. Quadruple DTPP ..	—	—	—	—	—	—	—
2. Triple DTP	86	1,339	3,485	959	1,344	179	7,392
3. Diphtheria/Pertussis ..	—	—	1	—	—	—	1
4. Diphtheria/Tetanus ..	19	388	360	225	6,912	2,913	11,117
5. Diphtheria	—	1	6	24	73	284	388
6. Pertussis	—	—	—	—	3	2	5
7. Tetanus	3	12	29	19	318	777	1,158
8. Salk	—	—	30	3	9	1	43
9. Sabin	81	1,547	3,565	1,406	8,091	4,024	18,714
10. Measles	—	—	—	—	—	—	—
11. Lines 1+2+3+4+5 (Diphtheria)	105	1,728	4,152	1,208	8,329	3,286	18,898
12. Lines 1+2+3+6 (Whooping Cough) ..	63	1,339	3,486	959	1,347	181	7,398
13. Lines 1+2+4+7 (Tetanus)	108	1,739	4,174	1,203	8,470	3,843	19,537
14. Lines 1+8+9 (Polio) ..	81	1,547	3,595	1,409	8,100	4,025	18,757

SMALLPOX VACCINATION—PERSONS AGED UNDER 16

Age at date of vaccination	Number of Persons Vaccinated (or revaccinated during period)	
	Number vaccinated	Number revaccinated
0 – 3 months	144	—
3 – 6 months	537	1
6 – 9 months	167	—
9 – 12 months	252	—
1	3,234	1
2 – 4	2,093	145
5 – 15	530	371
TOTAL	6,957	518

When compared with the 1967 figures, the number of primary courses is down by 6,000, but the number of reinforcing doses is up by 16,000. The decrease in the number of primary courses is accounted for by the introduction of measles vaccination which required a concentrated effort

at the expense of other antigens. When the number of measles vaccinations given during 1968 (8,000) is added to the other primary protections, the overall number of primary protections administered is 2,000 up on the 1967 figure. The increase of 16,000 in the reinforcing doses is encouraging and is a just reward for the effort put in by the staff to offer protection to as many children as possible.

From statistics forwarded annually to the Department of Health and Social Security (formerly Ministry of Health) on vaccination/immunisation, the following table is prepared and, as can be seen, Staffordshire's record compares favourably with the average percentage for England and Wales.

The following table shows the percentages vaccinated for Staffordshire together with the equivalent national figures:—

	<i>Children born in 1967</i>			<i>Smallpox (Children under 2) (4)</i>
	<i>Whooping Cough (1)</i>	<i>Diph- theria (2)</i>	<i>Polio- myelitis (3)</i>	
England and Wales..	76	78	74	38
Local Authority ..	72	77	81	31

The figures in columns (1)-(3) are calculated to show the percentage of children born in 1967 who have been vaccinated at any time.

Column (4) includes only children who were vaccinated during 1968 and were under 2 years old at the time, and is calculated as a percentage of children born during 1967. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

IMMUNISATION BY MEANS OF THE INTRAJET INSTRUMENT

The protection of children against diphtheria, tetanus and whooping cough by a technique which dispenses with the traditional syringe has been under investigation for some time, in collaboration with Glaxo Laboratories. The Intrajet instrument is used to introduce a measured quantity (0.1ml.) of vaccine through the skin by means of high pressure, and the absence of a needle has psychological advantages as well as avoiding pain and sterility problems.

The instrument has the limitation of only being capable of delivering a small dose. It has been used very successfully in the County for three years to protect children against tuberculosis by B.C.G. vaccination, but the concentration of the combined vaccine against diphtheria, tetanus and whooping cough has presented some problems. In the Annual Report for 1967 reference was made to the satisfactory conclusion of the first stage, in which the reaction to the administration of 0.1 ml. of the ordinary vaccine by Intrajet into one leg was compared with that of the injection of the remaining 0.4 ml. of the full dose by conventional syringe into the other leg.

The careful evaluation of the new technique has continued, and in the course of 1968 reactions to the administration by Intrajet of 0.1 ml. of a vaccine containing half the immunising dose and to the injection of 0.25 ml. of the standard vaccine by needle and syringe were compared as before at intervals of 2, 24 and 48 hours. A further 30 children were included in the second phase of the investigation, which was satisfactorily concluded in the early part of 1969. No significant reactions were reported, and it is proposed to proceed with the assessment of reactions to and effectiveness of the fully concentrated vaccine.

It is pleasing to note the progress made in this study which, if successful, will save children a certain amount of pain and psychological trauma and make immunisation against these conditions more acceptable to parents with the achievement of higher protection rates in the community. The popularity of the technique with parents is already very apparent.

MEASLES VACCINATION

The beginning of 1968 saw the abandonment of the priority scheme for susceptible children in favour of a general scheme of vaccination although measles vaccine continued to be in short supply. It was necessary, therefore, to restrict vaccination in the first instance to children between their fourth and seventh birthdays, *i.e.* children who were four, five and six years old and children in Day Nurseries, Children's Homes and Junior Training Centres between one and seven years of age.

The scheme of vaccination was eventually widened to take in all children from one to fifteen years of age and during 1968 8,373 children received this protection. This rate of vaccination was only achieved after a great deal of publicity through Nurses, Health Visitors and other staff playing their full part in persuading parents to avail themselves of this service for the further protection of their children.

Regarding publicity given to this programme, the following methods have been employed:

1. Advertisements in the local press.
2. Distribution of leaflets in schools and Infant Welfare Centres.
3. Posters in clinics and on public notice boards.
4. Talks to Mothers' Clubs and Women's Institutes by Health Visitors.
5. Visitation of homes by Health Visitors.

In one instance Radio Stoke did a programme from one of the measles vaccination sessions held in the Leek Area.

Routine vaccination/immunisation in childhood becomes more acceptable and desirable with the passage of time. The vaccines are available at clinics throughout the County or can be given by the person's General Practitioner. The work of the Health Visitor is invaluable through her contact with mothers of newly-born children in explaining to the mother the protections available and the intervals at which these should be given.

Through regular attendances at Infant Welfare Clinics, the mothers of the young children can be persuaded to have the child protected, should this be necessary.

The Diphtheria/Tetanus immunisation programme is easily administered and the acceptance rate is good. The issue of consent forms via the schools, enables a large proportion of the child population to be offered immunisation. Most of the school entrant children only require a Diphtheria/Tetanus booster, having had the primary courses during the pre-school years.

There is, it is estimated, very little opposition to vaccination/immunisation these days. Through continued research, vaccines have been made safer and more effective and vaccines against different diseases can often be given together, thus reducing the number of injections. It is also now possible, in some cases, to spray the vaccine through the skin under pressure (inrajat method) and this method of administering vaccines is likely to increase in the future.

B.C.G. VACCINATION, 1968

As in previous years, routine tuberculin testing and vaccination of eleven-year-old children and full-time students at establishments for further education has continued.

The report accounts for 92 schools, including a number of independent schools visited by the B.C.G. team during the year.

It is disappointing that only 72% of parents take advantage of the scheme by ready acceptance of the facilities offered to them for protection for their children. All forms of vaccination and immunisation are voluntary and every effort is made to persuade the parents to have their children protected.

A significant feature of this work is the almost uninterrupted fall in the number of children showing a positive reaction to the tuberculin test since the commencement of the scheme, as shown in the following table:—

	1968	1967	1966	1965	1964	1963	1962	1961	1960
Percentage positive ..	3.9	4.0	6.0	10.0	11.5	14.3	13.4	17.3	22.0

Particulars of vaccinations done during 1968 are as follows:—

	1968	1967
Number of children eligible	12,611	12,566
Number of acceptances	9,112	9,180
Acceptance rate	72%	73%
Number tuberculin tested	8,880	8,932
Number vaccinated (negative reactors) ..	8,528	8,569
Positive reactors (no previous B.C.G.) ..	352	363
Percentage positive	3.9%	4.0%
Strongly positive reactors referred for X-ray	50	89

There were no cases of active tuberculosis discovered this year through these chest X-ray examinations, but investigation of as many contacts as possible of the positive reactors amongst school children was continued. In addition, a special survey was made at a County Primary School where children had been in contact with a known case of tuberculosis. All negative reactors (173) were pupils under 10 years of age and, therefore, too young for vaccination. They will be re-tested during their first year in Secondary School. There were no positive reactors.

CONTACT SCHEME

B.C.G. vaccination against tuberculosis can be given to infants and other young contacts of tuberculin patients and to those who are at special risk by reason of their occupation. During 1968 a total of 335 persons received vaccination at the Chest Clinic, the greater number of whom were child contacts of tuberculous relatives. The number of persons skin-tested was 422, the number found positive, 83.

SECTION IV

OTHER SERVICES

FAMILY PLANNING

The Authority has for many years supported the Family Planning Association who provide the family planning service for this authority, by making grants and allowing clinics and equipment to be used free of charge. This form of assistance is preferred, at this stage, to direct provision of the family planning service by the local health department.

Following Ministry of Health Circular 5/66, the Health Committee increased its financial contributions to the Clinics and also assisted the newly formed Staffordshire Headquarters Branch by providing furnished office accommodation.

NATIONAL HEALTH SERVICE (FAMILY PLANNING) ACT, 1967

Under the Family Planning Act, 1967, it is open to the County Council to provide a family planning service direct to the public, using their premises and staff in the same way as other local health authority services.

The only advantage of doing this appears to be that of the administrative tidiness associated with direct administration.

The disadvantages are that much local goodwill and interest built up by the Family Planning Association and their voluntary workers would be lost. If the present voluntary arrangements were discontinued, a whole-time service would be more expensive and difficulties in staffing would arise. The expertise of the Family Planning Authority might be lost if the Association were to become less comprehensive by the Local Health Authorities providing a direct service.

The County Council fully considered the provisions of the new Act in conjunction with representatives of the Family Planning Association and drew up a detailed scheme as to how the service should operate with effect from the 1st April, 1968.

The majority of the scheme deals with the agreed routine administrative arrangements but three important aspects emerged which merit special mention.

Firstly, the arrangement whereby individual clinics received a separate grant was abandoned in favour of the overall grant being paid to the two Branch Offices (Branches 24 and 25) for distribution to the clinics at the discretion of the Association. The County Council's financial contribution was substantially increased during the financial year 1968-69. Although this assistance is primarily intended to ensure that persons who require family planning advice for medical reasons receive it free of charge, the annual grants do, in fact, go into the general fund of the Association.

Secondly, provision is made under the scheme for the introduction of a domiciliary family planning service. This is to enable the service to be provided for needy cases who will not, or cannot, attend the clinics for varying reasons. This category includes problem families whose general apathy and ignorance can be overcome in this way. During 1968 the groundwork for this service was being prepared and it is expected that actual visiting will commence during the early part of 1969.

Thirdly, the scheme made provision for the family planning service to be extended to unmarried persons, in accordance with the powers contained in the 1967 Act. The first such clinic for this Authority opened in Stafford in October, 1968 and is referred to as the S.A.F.E. Clinic (Single Adult Fertility Education). At this stage it is necessary for young persons under the age of 19 to secure parental consent before advice, counselling or appliances are provided. At the time of writing the clinic has only been operating for two months and it is, therefore, difficult to assess the benefit of this clinic.

However, a similar clinic that operates in the West Midlands Area has analysed the records of the first 100 cases who attended the clinic. The doctor in charge stated that the girls who attended were nearly all of the more sophisticated, intelligent type, 27% being students, 6% professional (teachers and nurses) and the remaining 67% office workers etc.

No cases of venereal disease came to light, which is a point against those who claim that a family planning service for the unmarried will lead to promiscuity.

The doctor stated that these girls were not promiscuous and that most of them were anxious to be married but were prevented from doing so by lack of finance or the need for further study.

The numbers attending the clinic confirm the large number of teenage girls at risk of having an illegitimate baby.

The gradual expansion of the service continued during 1968 and because of increased attendance extra sessions were introduced at various clinics and new clinics will be opened in Tamworth and Uttoxeter early in 1969. Other plans for 1969 include additional clinics at Kidsgrove, Wombourne and Brownhills, together with a gradual build-up of the domiciliary service. The rate of development is still dependent upon the availability of trained doctors and nurses and this continues to be a problem.

The following clinics were serving County residents as at 31st December, 1968.

ALDRIDGE, Leighswood Road Infant Welfare Centre

Monday 10.00 to 11.30 and 7.00–8.30 p.m.

Closed Bank Holiday weeks

BENTILEE, Ubberley Health Centre, Bargrave Street, Bentilee, Bucknall, Stoke-on-Trent, Staffs.

Mondays 6.30 p.m.–8.00 p.m.

Closed Bank Holiday weeks and all August.

BURTON-UPON-TRENT, The Clinic, Cross Street, Burton-upon-Trent

Monday weekly 6.00–8.00 p.m.

First Fridays 6.00–8.00 p.m.

Closed Bank Holiday weeks and all August.

CANNOCK AND DISTRICT, County Health Clinic, Beecroft Road, Cannock, Staffs.

1st, 3rd and 5th Thursday in month 2.00 p.m.–4.00 p.m.

2nd and 4th Thursday in month 3.30 p.m.–6.30 p.m.

Wednesdays 7.00 p.m.–9.00 p.m.

LEEK, Haregate Clinic, Leek, Staffs.

Wednesday weekly 7.00 p.m.–9.00 p.m.

alternate Wednesdays 2.00 p.m.–4.00 p.m.

Closed all August and Christmas if clinic in that week.

LICHFIELD, The Clinic, Sandford Street, Lichfield

Tuesdays 10.00 a.m. to 12 noon and 1.30 p.m.–3.30 p.m.

Wednesdays 7.00 p.m.–9.00 p.m.

Closed Easter, Whitsuntide and Christmas weeks and all August.

NEWCASTLE, The Clinic, King Street, Newcastle-under-Lyme

Thursdays 2.00 p.m.–3.45 p.m.

Closed Bank Holiday weeks and all August.

PHEASEY, Beacon Road, Pheasey, Great Barr

Tuesdays 7.15 p.m.–8.30 p.m.

Thursdays 7.00 p.m.–8.30 p.m.

RUGELEY, New Health Centre, Rugeley

Wednesdays 10.00 a.m.–12 noon and 2.00 p.m. – 4.00 p.m.

Closed Friday in Bank Holiday weeks and all August.

STAFFORD, Infant Welfare Centre, North Walls, Stafford

Mondays 6.00 p.m.–8.00 p.m.

Tuesday 7.00 p.m.–9.00 p.m.

Thursdays practically all day

Closed Bank Holiday weeks and all August.

STOKE-ON-TRENT, 12 Wellesley Street, Shelton, Stoke-on-Trent, Staffs.

Tuesdays 10.00 a.m.–12 noon, 2.00 p.m.–4.00 p.m. and 6.00 p.m.–8.00 p.m.

Wednesdays 2.00 p.m.–4.00 p.m. and 6.00 p.m.–8.00 p.m.

Thursdays 10.00 a.m.–12 noon

Closed August, Easter and Whitsun weeks, three weeks at Christmas.

TETTENHALL, Infant Welfare Centre, Council Offices, Upper Green, Tettenhall, Wolverhampton, Staffs.

4th Monday of month 7.00 p.m.–8.00 p.m.

Mondays 2.00 p.m.–3.00 p.m. and 7.00 p.m.–8.00 p.m.

4th Tuesday (of month) 7.00 p.m.–8.00 p.m.

Closed Bank Holidays.

STAFFORDSHIRE COUNTY COUNCIL

HEALTH COMMITTEE

Annual Report of the County Analyst for the year 1968

INTRODUCTION

The total number of samples, from all sources, was 7,555—of which 5,401, or 71.5%, were from County Council sources; 1,594, or 21.1%, were from the four other Autonomous Authorities for which your Analyst is also appointed as Public Analyst and 560, or 7.4%, were from other sources, including 19 other Boroughs or District Councils within the borders of the County of Stafford.

In order to facilitate reference to these samples in this Report, they are grouped under Sections, as follows:—

- Section I* Numbers of samples and their origin.
- Section II* Food & Drugs Act, 1955.
- Section III* Fertiliser & Feeding Stuffs Act, 1926.
- Section IV* Consumer Protection Act, 1961.
- Section V* Pharmacy & Poisons Act, 1933.
- Section VI* Trade Descriptions Act, 1968.
- Section VII* Other Samples.

LEGISLATION

During the period under review six Statutory Instruments came into operation:—

- The Fertilisers and Feeding Stuffs Regulations, 1968
- The Fertilisers and Feeding Stuffs (Amendment) Regulations, 1968
- The Skimmed Milk with Non-milk Fat (Amendment) Regulations, 1968
- The Meat Pie and Sausage Roll Regulations, 1967
- The Labelling of Food Regulations, 1967 (part only)
- The Imported Food Regulations, 1968

Three other Statutory Instruments, coming into force on various dates from 1969 to 1971, were published:—

- The Canned Meat Product (Amendment) Regulations, 1968
(January, 1969)
- The Sausage and Other Meat Product (Amendment) Regulations 1968
(January, 1969)
- The Fish and Meat Spreadable Products Regulations, 1968
(March, 1971)

Of major legislation that became law during 1968, three Acts are of particular importance to the work of the Laboratory:—

- The Trade Descriptions Act, 1968
- The Medicines Act, 1968
- The Agriculture (Miscellaneous Provisions) Act, 1968

Proposals for legislation were circulated by the Ministry on:—
Composition of Cream
Control of Pesticides

Future legislation was indicated by:—

(a) *Ministry Reports*

(1) Food Standards Committee:—

Report on Soups

Report on Jams and other Preserves.

(2) Food Additives and Contaminants Committee:—

Report on Further Classes of Food Additives

Report on Azodicarbonamide

(b) The Ministry's declared intention to review:—

The Offals in Meat Products Order, 1955

The Condensed Milk Regulations, 1959

The Bread and Flour Regulations, 1963

The Food Standard (Self-raising Flour) Order, 1946

The Food Standards (Baking Powder and Golden Raising Powder) Order, 1944

The Food Standard (Tomato Ketchup) Order, 1949

The Food Standard (Mustard) (No. 2) Order, 1944

The Food Standard (Edible Gelatine) Order, 1951

The Food Standard (Fish Cakes) Order, 1950

The Food Standard (Curry Powder) Order, 1949

The Food Standard (Suet) Order, 1952

Composition of Flour Confectionery and Biscuits

During the year new editions were published of the two major reference works on drugs and medicines. The British Pharmacopoeia and The British Pharmaceutical Codex introduced new and revised standards — operative from March, 1969 — for these products.

The Fertiliser and Feeding Stuffs Regulations, 1968 included a number of important new provisions such as the requirements to declare prophylactic substances and trace elements. These Regulations have added considerably to the amount and complexity of the work of the County Laboratory but were welcomed in that they gave farmers a greater measure of protection. It is regretted, however, that the opportunity was not taken to introduce legislation on the addition of vitamins to animal feeding stuffs.

The Skimmed Milk with Non-milk Fat (Amendment) Regulations, 1968 prescribe standards of composition for certain proprietary brands of blends of skimmed milk and vegetable oil.

The Meat Pie and Sausage Roll Regulations, 1967 came into force during 1968. It is unfortunate that the means adopted in the Regulations to legislate for every possible type of pie, both cooked and uncooked, have made the Regulations extremely complex. Few manufacturers, however, experienced difficulty in complying with the Regulations, but it is suspected that it is their desire to avoid 'difficulties' with the Regulations that has led to the appearance in the shops of pies described as "Vegetable and Meat Pies" and "Potato and Meat Pies" as these are specifically excluded from all compositional requirements of the Regulations.

The Labelling of Food Regulations, 1967 is a comprehensive document which will, eventually, replace the 1953 Regulations, but the only provisions which came into force in 1968 are concerned with artificial sweeteners in foods other than soft drinks.

The Imported Food Regulations, 1968 have the effect that an inland Local Authority may be required to exercise the functions of a Port Health Authority. This has arisen from the introduction of container transport, the container remaining sealed until the ultimate destination is reached, which is in effect the “port” of entry. The Local Authority concerned is then required to examine the food and to take samples for submission to the Public Analyst for the area.

The Canned Meat Product (Amendment) Regulations, 1968 and the *Sausage and Other Meat Product (Amendment) Regulations*, 1968 make certain minor adjustments to the principal Regulations, which come into force in 1969.

The Fish and Meat Spreadable Products Regulations, 1968 will not come into force until 1971 and will then supersede the present Food Standards Orders which deal separately with Meat Paste and Fish Paste. The standard for meat paste will be raised from the present 55% to the 70% that already applies to fish paste. Standards for a number of other products such as ‘Potted Meat’ and ‘Dressed Crab’, which have caused difficulty in the past, will also be laid down.

The Trade Descriptions Act, 1968 did not come into force until 30th November, 1968 and its full effect is not yet apparent, but it should offer much better scope for consumer protection than the Merchandise and Marks Act which it replaces.

The Medicine Act, 1968 became law during 1968. The effect of this Act could be very great and could fundamentally change the position of Local Authorities in relation to enforcement of some provisions of the Food and Drugs Act, but nothing will be known until Regulations under the Act are made.

The Agriculture (Miscellaneous Provisions) Act, 1968 empowers a Local Authority, amongst other provisions, to take samples of animal feeding stuffs on farm premises to ascertain if the welfare of livestock is provided for by an adequate balanced diet.

Proposals for new Regulations on Cream include additional standards for fat content, Clotted Cream (55%), Whipped or Whipping Cream (35%) and Half Cream (12%).

The proposed standard for Clotted Cream is an improvement on the 48% of fat originally suggested by the Ministry’s Food Standards Committee and which is the present Standard for Double Cream, but it is considered that as the traditional Clotted Cream produced in the South West has rarely less than 65% of fat, a Standard of not less than 60% of fat would have been better.

A disturbing feature of the new proposals is the apparent intention to permit the addition of thickening substances to *Whipped Cream* which would at present be in contravention of the Emulsifier and Stabilisers in Food Regulations, 1962. It is also very curious that the addition of thickening substances would not, however, be permitted in *cream sold for whipping*. By this means trade users would be able to prepare a product of deceptively rich appearance from a cream with only 35% of fat and will give the trade an unfair advantage over the housewife.

Proposals for legislation on Pesticides followed from the Ministry's consideration of the reviews of the Report on the Present Safety Arrangements for the Use of Toxic Chemicals in Agriculture and Food Storage.

It is proposed to introduce a *Pesticide Bill* which will include the provisions of the Agriculture (Poisonous Substances) Act, 1952 and the ill-fated Farm and Garden Chemicals Act, 1967.

Control of Pesticides would be through a centrally administered Licensing Authority, although Weights and Measures Authorities would be required to enforce certain minor provisions such as labelling, advertising, and for ensuring that products have been licensed. A disturbing feature of the proposals, however, is that the formulation would be shown on the container only as a licence number and that only certain Analysts, appointed by the *Licensing Authority*, would be permitted to know details of the actual composition and have access to other data that would be required for the analysis of such preparations.

Further indications of the apparent intention to transfer Control to Central Government to the exclusion of the Local Authority, is that the Act provides for the appointment of sampling officers by the *Licensing Authority* and that where the Pesticide Act would conflict or duplicate provisions in other Acts, *e.g.* the Pharmacy and Poisons Act, 1933, the Trade Descriptions Act, 1968, The Fertiliser and Feeding Stuffs Act, 1926 and The Food and Drugs Act, 1955, the provisions in these other Acts, which are administered by the Local Authority, *would be revoked*.

The Food Standards Committee Report on Soups recommends that basic compositional requirements for the most important soups shall be embodied in Regulations.

It is commonly believed that soups are nourishing and soup is often purchased, *e.g.* by the elderly, in the mistaken idea that it will provide a meal. A portion of canned soup is in fact unlikely to contribute more than about 5% of the daily requirement of calories.

A survey of soups was carried out in the County Laboratory during the year and they were in general of satisfactory composition, in the light of the Committee's recommendation. It is considered, however, that the public should be better informed of the very limited nutritional value of such products.

The Food Standard Committee Report on Jams and Preserves recommends that the basic standard of 40% fruit content of jam should remain and that the present numbers of exceptions should be reduced by raising the fruit content of a number of jams to 40% fruit content.

New provisions suggested are a ban on the inclusion of residues of fruit resulting from the production of other jams or of other fruit products and also a ban on the use of flavourings designed to simulate the natural flavour.

Under present legislation manufacturers are not required to declare the ingredients of a jam, but will have to do so when the new Labelling of Food Regulations, 1967 come into effect in 1971. It will be of interest to see if this will result in a reduction in the amount of jam made from artificially coloured sulphited fruit pulp.

The Report of the Food Additives and Contaminants Committee on Further Classes of Food Additives makes recommendations for the control of pH regulators, humectants, sequestrants, propellants, glazing agents, anti-foaming agents, release agents and firming or crisping agents. The list of such substances, which extends through the alphabet from Acacia to Zein and includes items such as Undecylenic Acid and Sodium Calcium Aluminium Silicate may cause alarm in those that strive to keep food “pure”, and they may derive little comfort from the fact that many of these substances are either natural products or derived from natural products. One item in the Report that is very welcome is that it is recommended that the ban on the addition of Ascorbic Acid and Nicotinic Acid to raw and unprocessed meat should be extended to processed meat. There has been some doubt as to whether sausages were “unprocessed” or “processed” meat and clarification of the position has been long overdue. The use of these substances has resulted in the consumer being deceived as to the freshness of meat and susceptible persons have suffered from the effect of an excess of Nicotinic Acid in their diet.

The Report of the Food Additives and Contaminants Committee on the proposed use of Azodicarbonamide as a bread improver recommends that it should *not* be permitted, on the very commendable grounds that “the number of substances employed for the treatment of flour should be kept to a minimum consistent with technological needs”.

Of the old Food Standard Orders and Regulations that are now under revision by the Ministry, the most pressing are those dealing with flour and flour products, and with fish cakes and similar products.

The Bread and Flour Regulations, 1963 have proved to be ineffective in the provision covering the labelling of food for which slimming properties are claimed and other difficulties have arisen concerning high protein bread, and milk bread. Further reference to these aspects of these Regulations is made in the body of this Report.

It is understood that the *review of the Foods Standards (Fish Cakes) Order*, 1950 will include consideration of products such as Fish Fingers which have appeared on the market since that date.

The question of the fish content of fish fingers is a matter of some concern and the need for a standard is evident from the reduction of the fish content of about 80% when they were first introduced to the present average of about 65% with some brands as low as 55%.

An unexpected consequence of the Selective Employment Tax, which came to light when some prosecutions were taken for mouldy food, has been the introduction of a system by some employers whereby employees, such as delivery van drivers, become self-employed, hire a van from their former employers, purchase stocks of food such as bread and cakes, and keep the proceeds.

It has long been the normal custom to discard all unsold perishable goods at the end of the day, but under this new system of self-employed delivery drivers, who have paid hard cash for the unsold goods, there has been strong temptation to retain unsold goods in the van for sale at a later date, when the goods may have deteriorated.

In another instance, the “manager” of a shop that had sold mouldy food was found to be not an employee of the owner of the business but described himself, in court, as a “self-employed managerial consultant”. This resulted in a long legal argument as to who was actually responsible and whether the summons had been correctly served. There was no dispute that the food was mouldy, but it took three days to determine who was guilty.

As the pace of modern living rises, so the demand for pre-packed, processed, preserved and prepared foods increases. The vigilance of the Local Authority, through its food inspection and sampling officers and the Public Analyst, has never been more important.

EQUIPMENT

During the year it was necessary to make a critical appraisal of the facilities of the Laboratory so as to be in a position to cope effectively and efficiently with the extra work that had resulted from new legislation—in particular the Toys (Safety) Regulations and the new Fertiliser and Feeding Stuffs Regulations and negotiations were commenced for the purchase of an Atomic Absorption Spectrophotometer which, investigations had shown, would greatly simplify the determination of metals required by this Legislation.

A new binocular microscope, with facility for phase contrast work and photomicrography, was purchased.

The decision was made to make photographic records, in colour, of all complaint samples and other materials where the making of a permanent record was desirable. These photographic records have proved to be invaluable to Authorities in the presentation of evidence in Court and, combined with the procedural changes that permit the submission of written evidence, has dramatically reduced the amount of time that your Analyst has had to be away from the Laboratory and in Court as a witness.

The acquisition of a ‘deep-freeze’ refrigerator has been of considerable help in planning the work of the Laboratory in that perishable samples can be stored and samples that need to be retained as evidence can be kept in good condition.

SECTION 1

*Numbers of Samples submitted under the various Acts etc.,
and their Origin.*

FOOD & DRUGS ACT, 1955

	Milk			Pesticide Residues	Com- plaints	Other Foods & Drugs	Totals
	Comp- osition	Anti- biotics	Hypo- chlorite				
<i>County Council:</i>							
W. & M. Dept. ..	1,125	—	—	34	8	1,388	2,555
Health Dept.	1,874	180	284	—	31	9	2,378
	<u>2,999</u>	<u>180</u>	<u>284</u>	<u>34</u>	<u>39</u>	<u>1,397</u>	<u>4,933</u>
<i>Other Sources:</i>							
Stoke-on-Trent	175	—	—	11	16	688	890
Newcastle Borough ..	51	—	—	—	6	75	132
Stafford Borough ..	130	—	—	2	11	104	247
Cannock U.D.C.	5	—	—	—	6	108	119
Other Authorities ..	1	—	—	—	55	2	58
Private	—	—	—	—	6	—	6
	<u>362</u>	<u>—</u>	<u>—</u>	<u>13</u>	<u>100</u>	<u>977</u>	<u>1,452</u>
	<u>3,361</u>	<u>180</u>	<u>284</u>	<u>47</u>	<u>139</u>	<u>2,374</u>	<u>6,385</u>

FERTILISER & FEEDING STUFFS ACT, 1926

			Fertilisers	Feeding Stuffs	Totals
County Council .. ..	..	..	65	59	124
Stoke-on-Trent .. ..	..	..	15	9	24
Private .. ..	..	..	1	3	4
			<u>81</u>	<u>71</u>	<u>152</u>

CONSUMER PROTECTION ACT, 1961

The Toys (Safety) Regulations, 1967

County Council .. ..	..	..	..	71	
Stoke-on-Trent .. ..	..	..	..	8	
Private	4	Total 83

THE PHARMACY & POISONS ACT, 1933

County Council	2	Total 2
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THE TRADE DESCRIPTIONS ACT, 1968

County Council	12	Total 12
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OTHER SAMPLES

ATMOSPHERIC POLLUTION

				Lead Peroxide Cylinders	Rain gauges	Totals
Aldridge-Brownhills U.D.C. ..				24	24	48
Cannock U.D.C. .. ..	..	..	..	—	33	33
Newcastle Borough .. ..	..	..	..	—	12	12
Stone R.D.C. .. ..	..	..	..	40	35	75
Rugeley U.D.C. .. ..	..	..	..	11	10	21
Cheadle R.D.C. .. ..	..	..	..	—	24	24
Newcastle R.D.C. .. ..	..	..	..	12	11	23
				<u>87</u>	<u>149</u>	<u>236</u>

WATERS, EFFLUENTS ETC.

	Drinking Water	Effluents	Swimming Baths	Others	Totals
County Council	28	156	6	32	222
Stoke-on-Trent	—	—	3	—	3
Newcastle Borough	1	—	63	—	64
Stafford Borough	27	—	—	—	27
Cannock U.D.C.	—	—	—	—	—
Other Authorities	59	107	42	30	238
Private	7	—	—	12	19
	122	263	114	74	573

THE ROAD SAFETY ACT, 1967

Private	17
Total	17

MISCELLANEOUS

	Special Investigations	Toxicology	Totals
County Council	36	1	37
Stoke-on-Trent	12	5	17
Newcastle Borough	3	—	3
Stafford Borough	2	13	15
Cannock U.D.C.	—	—	—
Other Authorities	8	1	9
Private	7	7	14
	68	27	95

Total, all samples, 7,555.

SECTION II
FOOD & DRUGS ACT, 1955
Samples received from Official Sources

Commodity	County		Other Sources	
	Examined	Unsatis.	Examined	Unsatis.
<i>Dairy Products:</i>				
Milk, Ordinary	2,794	58	273	—
„ Skimmed	—	—	2	—
„ Channel Island	205	4	87	3
„ Condensed	2	—	7	—
„ Dried	3	1	4	1
Cream	9	—	30	—
Butter	39	—	34	1
Margarine	18	—	11	—
Cheese	63	1	9	3
Ice Cream	19	—	19	—
Milk Puddings	16	—	12	—
Fermented Milk	6	—	1	—
Antibiotics	180	1	—	—
Hypoclorites	284	—	—	—
Pesticides	3	—	—	—
Complaints	32	10	21	12
<i>Cereal Products:</i>				
Flour and Flour Mixes	12	—	6	—
Bread	21	4	19	15
Flour Confectionery	59	2	16	10
Pasta	—	—	—	—
Starch Products	14	—	6	—

FOOD & DRUGS ACT, 1955

Samples received from Official Sources—continued

Commodity	County		Other Authorities	
	Examined	Unsatis.	Examined	Unsatis.
<i>Cereal Products continued:</i>				
Breakfast Cereals	6	—	5	—
Other Cereals	22	—	8	3
<i>Meat and Meat Products:</i>				
Meat, Raw or Cooked	17	—	5	—
„ Cured or Corned	16	—	26	6
Sausages	106	4	229	29
Prepared Meat	103	9	73	7
Meat in Pastry	26	1	63	7
Spreads	14	—	6	—
Extracts	11	—	3	—
<i>Poultry and Poultry Products:</i>				
Poultry, Raw or Cooked	—	—	2	—
Prepared Poultry	6	—	13	—
Eggs and Egg Products	3	—	1	—
<i>Fish and Fish Products:</i>				
Fish, Raw or Cooked	20	—	7	—
Prepared Fish	11	—	—	—
Cured Fish	2	—	—	—
Spreads	2	—	4	—
<i>Fruit and Fruit Products:</i>				
Fresh	8	—	7	—
Dried	35	—	36	—
Preserves	43	2	71	1
Canned or Bottled	35	—	2	2
Other Products	25	1	29	2
<i>Vegetable and Vegetable Products:</i>				
Fresh	6	—	5	1
Dried	6	—	2	—
Canned or Bottled	20	—	12	2
Other Products	41	—	3	2
<i>Nuts and Nut Products:</i>				
Nuts	9	—	8	—
Nut Products	27	—	23	—
<i>Sugar and Sugar Products:</i>				
Sugars	18	1	6	1
Sugar Confectionery	44	—	3	1
Other Products	4	—	17	1
Substitutes	1	—	1	—
<i>Oils and Fats:</i>				
Animal	40	—	31	—
Vegetable	21	—	6	—
<i>Baby and Infant Foods:</i>				
Milk Basis	3	—	1	1
Cereal Basis	3	—	1	—
Fruit/Vegetable Basis	5	—	—	—
Meat Basis	2	—	2	—
<i>Beverages:</i>				
Tea	23	—	3	—
Coffee	19	—	10	—
Cocoa	4	—	2	—
Cereal	1	—	—	—

FOOD & DRUGS ACT, 1955

Samples received from Official Sources—continued

Commodity	County		Other Authorities	
	Examined	Unsatis.	Examined	Unsatis.
<i>Fermentation Products:</i>				
Beer	17	2	7	—
Wine	14	—	—	—
Spirits	—	—	5	—
Vinegar, Pickles, etc.	52	—	31	—
Other Products	1	—	1	—
<i>Soft Drinks:</i>				
Mineral Waters	32	—	17	2
Squashes, Cordials, etc.	33	—	43	—
Others	2	—	—	—
<i>Spices, Flavourings, etc.:</i>				
Herbs and Spices	30	1	20	1
Flavours and Essences	9	—	—	—
Colours	11	3	2	—
Mineral Adjuncts	12	—	9	—
<i>Remedial Foods:</i>				
Slimming Foods	19	17	—	—
Vitamin Foods	5	—	1	1
Special Diets	—	—	—	—
Diabetic Foods	—	—	—	—
<i>Drugs:</i>				
Analgesics and Antipyretics	18	1	6	—
Antiseptics	2	—	—	—
Carbohydrate Nutrients	3	—	—	—
Digestive Aids	15	—	2	—
Emollients and Local Acting	8	—	4	—
Hypnotics and Sedatives	—	—	1	1
Laxatives and Purgatives	20	1	10	—
Respiratory System	25	—	7	—
Stimulants and 'Tonics'	4	—	3	—
Vitamin/Mineral Preparations	12	—	—	—
Diuretics	2	—	—	—
	4,933	124	1,452	116

UNSATISFACTORY FOOD & DRUG SAMPLES—STATISTICS

The numbers of samples, received from official sources, that were the subject of adverse reports—together with the corresponding figures for 1967.

				Milk			Pesticide Residues	Com-plaints	Other Foods & Drugs	Totals
				*Comp-osition	Anti-biotics	Hypo-chlorites				
<i>County Council:</i>										
1968	...	...	...	62 (2.1%)	1 (0.5%)	0 -	0 -	15 (39%)	46 (3.3%)	124 (2.5%)
1967	...	...	...	35 (1.1%)	4 (2.0%)	5 (1.6%)	0 -	27 (77%)	56 (4.8%)	127 (2.6%)
<i>All Other Authorities:</i>										
1968	...	...	...	3 (0.8%)	- -	- -	0 -	70 (70%)	41 (4.2%)	114 (7.9%)
1967	...	...	...	4 (1.1%)	- -	- -	- -	51 (61%)	65 (7.1%)	120 (8.5%)

* Appeal-to-Cow samples, 53 in number, have been excluded from the calculation of the percentages of unsatisfactory samples.

MILK

The average composition of genuine samples of normal milk for the four quarters of 1968, as compared with 1967, was as follows. Appeal-to-cow samples are not included.

ORDINARY MILK

Source		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
		f.	s.n.f.	f.	s.n.f.	f.	s.n.f.	f.	s.n.f.
County Council	1968	3.75 %	8.75 %	3.60 %	8.75 %	3.70 %	8.70 %	3.90 %	8.75 %
	1967	3.67 %	8.67 %	3.50 %	8.65 %	3.70 %	8.65 %	3.90 %	8.75 %
Stoke-on-Trent	1968	3.65 %	8.70 %	3.50 %	8.75 %	3.70 %	8.70 %	3.85 %	8.70 %
	1967	3.61 %	8.59 %	3.50 %	8.70 %	3.65 %	8.65 %	3.80 %	8.65 %
Newcastle Borough	1968	3.70 %	8.70 %	3.55 %	8.75 %	3.55 %	8.70 %	4.30 %	8.70 %
	1967	3.72 %	8.66 %	3.50 %	8.65 %	3.65 %	8.75 %	3.80 %	8.65 %
Stafford Borough	1968	3.70 %	8.75 %	3.55 %	8.80 %	3.75 %	8.70 %	3.90 %	8.75 %
	1967	3.68 %	8.67 %	3.65 %	8.75 %	3.75 %	8.70 %	3.85 %	8.70 %
Cannock U.D.C.	1968	3.70 %	9.00 %	3.20 %*	8.80 %	—	—	—	—
	1967	—	—	—	—	—	—	—	—

CHANNEL ISLAND MILK

Source		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
		f.	s.n.f.	f.	s.n.f.	f.	s.n.f.	f.	s.n.f.
County Council	1968	4.70 %	9.10 %	4.55 %	9.10 %	4.70 %	9.10 %	4.95 %	9.05 %
	1967	4.55 %	9.05 %	4.45 %	9.00 %	4.60 %	8.95 %	4.80 %	9.15 %
Stoke-on-Trent	1968	4.50 %	9.00 %	4.35 %	9.05 %	4.50 %	9.05 %	4.90 %	9.00 %
	1967	4.40 %	8.90 %	4.30 %	8.90 %	4.45 %	8.95 %	4.95 %	8.90 %
Newcastle Borough	1968	4.50 %	8.90 %	4.50 %	9.10 %	4.50 %	9.05 %	—	—
	1967	4.45 %	8.95 %	4.40 %	8.95 %	4.60 %	9.05 %	4.75 %	9.05 %
Stafford Borough	1968	4.60 %	9.20 %	4.65 %	9.05 %	5.25 %	9.15 %	5.50 % ¹	9.10 %
	1967	4.85 %	9.20 %	4.75 %	9.10 %	4.70 %	9.15 %	5.10 %	9.15 %
Cannock U.D.C.	1968	4.70 %	9.30 %	4.10 %*	9.20 %*	—	—	—	—
	1967	—	—	—	—	—	—	—	—

UNSATISFACTORY MILK SAMPLES

Details of the 65 official samples of liquid milk reported as unsatisfactory are as follows:—

Source	Mark	Type	Observations	Source	Mark	Type	Observations
County	... 16B/M	P(CI)	12.5 % Fat def.	County	... H815	U	3.3 % Fat def.
"	... H498	U	2.7 % Water	"	... 100A/L	U	3.3 % Fat def.
"	... F460	P	20.0 % Fat def.	"	... H851	U	3.3 % Fat def.
"	... H696	U	1.3 % Water	"	... 28C/A	U	1.5 % Water
"	... H786	U	10.0 % Fat def.	"	... 29C/A	U	13.3 % Fat def.
"	... H795	U	28.4 % Fat def.	"	... D907	P	40.0 % Fat def.
"	... D910	P	38.3 % Fat def.	"	... F263	P	3.7 % Water
"	... D90	U(CI)	5.0 % Fat def.	"	... XD606	S	1.5 % Water
"	... F917	U	5.0 % Fat def.	"	... 62C/A	U	6.7 % Fat def.
"	... F885	U	13.3 % Fat def.	"	... H346	U	1.5 % Water
"	... F926	U (CI)	2.5 % Fat def.	"	... 72/CA	P	1.0 % Water
"	... D111	U	10.0 % Fat def.	"	... 73C/A	P	3.5 % Water
"	... D32	U	5.0 % Fat def.	"	... 74C/A	P	2.0 % Water
"	... D40	U	8.3 % Fat def.	"	... 75C/A	P	16.0 % Water
"	... F127	U	10.0 % Fat def.	"	... 76C/A	P	11.6 % Water
"	... D270	U (CI)	8.8 % Fat def.	"	... 77C/A	P	13.4 % Water

Source	Mark	Type	Observations	Source	Mark	Type	Observations				
„	...	H950	U	3.3 %	Fat def.	„	...	78C/A	P	13.6 %	Water
„	...	H958	U	2.4 %	Fat def.	„	...	79C/A	P	3.5 %	Water
„	...	H970	U	1.5 %	Water	„	...	H399	U	3.8 %	Water
„	...	36C/A	U	1.7 %	Fat d f.	„	...	84C/A	U	9.5 %	Water
„	...	38C/A	U	6.7 %	Fat def.	„	...	85C/A	U	16.3 %	Water
„	...	39C/A	U	1.0 %	Water	„	...	86C/A	U	3.8 %	Water
„	...	46C/A	U	2.8 %	Water	„	...	87C/A	U	9.0 %	Water
„	...	47C/A	U	3.0 %	Water	„	..	89C/A	U	10.7 %	Water
„	..	H104	U	4.3 %	Water	„	..	90C/A	U	W18.3 %	Fat def.
„	...	H154	U	5.8 %	Water					W39.6 %	Water
„	...	H271	U	5.0 %	Fat def.	„	..	91C/A	U	2.8 %	Water
„	..	D2	U	6.7 %	Fat def.	„	..	99C/A	U	1.0 %	Water
„	..	H294	U	3.3 %	Fat def.	„	..	11C/B	U	0.5 %	Water
„	..	XF81	U	6.7 %	Fat def.	„	..	H478	U	2.7 %	Water
„	..	XD302	P	16.5 %	Water	„	..	13C/B	U	3.5 %	Water
„	..	XD303	P	15.3 %	Water	Stafford B.C.	1639	U (CI)		11.2 %	Fat def.
Stone R.D.C.	Comp.	P (CI)	57.5 %	Fat def.	„	„	1643	U (CI)		3.8 %	Fat def.

Of the samples of milk reported genuine, 61, including 4 on appeal-to-cow were naturally poor in solids-not-fat—as shown by the Freezing Point Test (Hortvet).

Four samples that were low in fat were reported genuine when 4 corresponding appeal-to-cow samples showed that the milk was of naturally poor quality.

ANTIBIOTIC TEST

Antibiotics are used to treat mastitis and the consumption of milk from such cows could constitute a health hazard, particularly to those persons who are sensitive to antibiotics.

Of the 172 samples examined, 1 was found to contain 0.075 International Units of Penicillin in 1 millilitre of Milk. Subsequent samples from the same source were free from antibiotics.

HYPOCHLORITE TEST

Solutions of hypochlorites are permitted for the sterilisation of dairy equipment, but none should gain access to the milk.

All 284 samples examined were free from hypochlorites.

NOTE: The number of milk samples submitted for routine examination during 1968 was less than in the previous year due to the restrictions in force during the outbreak of foot-and-mouth disease in the early months of the year.

OTHER FOODS AND COMPLAINT SAMPLES

DAIRY PRODUCTS

Milk

The adequate cleaning of milk bottles that have been misused or neglected is a perennial problem for dairies. Of the twelve justified complaints of foreign matter in milk, eight bottles (County—1, Stoke-on-Trent—2, Stafford Borough—2, Aldridge-Brownhills U.D.C.—1, Lichfield R.D.C.—2) contained milk residues usually associated with mineral and vegetable debris and growths of mould—the consequence of bottles not being rinsed out, and their return to the dairy being delayed by the customer.

The five other complaints of foreign matter in milk were: a mass of textile fibres (County), denatured milk solids (Tamworth Borough), particles of mucus of unknown origin (Aldridge-Brownhills U.D.C.), a small plastic toy in the shape of a Red Indian which had evidently been forced through the neck of the bottle and which would have been impossible to remove by washing (Rugeley U.D.C.), and a large folded wad of plain white paper (Cheadle R.D.C.).

Seven milks (County—3, Cannock R.D.C.—4) were submitted following a complaint that they were “gritty”. The amounts of “dirt” found were 0.52, 0.52, 0.18, 1.7, 0.9, 0.7 and 0.9 parts per 100,000 and it was not, therefore, possible to issue adverse reports on these samples. It is considered, however, that the present standard of 2.0 parts per 100,000 is inconsistent with modern standards of hygiene and should be made more stringent.

An intensely bitter taste in a sample of Sterilised Milk (Cheadle R.D.C.) was found to be due to contamination by non-acid forming bacteria.

Excessive acidity in a Milk (Stafford Borough) was considered to be due to age or unsatisfactory bacteriological quality.

U.H.T. Milk, that is milk that has been treated by the recently introduced Ultra High Temperature method, is normally almost, of not completely sterile and will keep in the unopened container for several months without refrigeration. Following complaints of poor keeping quality of such milk supplied to Schools in the County, 25 samples were submitted for examination. Of these, 8 samples were sour, containing excessive amounts of lactic acid due to bacteriological action resulting from faulty processing or contamination after processing.

Dried Milk. Two samples of dried milk were submitted following complaints (County and Aldridge-Brownhills U.D.C.) contained excessive amounts of particles of charred milk, a manufacturing fault.

A Milk Food submitted on complaint (Stoke-on-Trent) contained a live larva of the brown house moth.

Butter. The foreign matter present in a complaint sample of butter (Lichfield City) was found to be a very small onion of the “Silverskin” type such as are used for cocktail onions or in pickles. How it came to be in a packet of butter will probably never be known.

Cheese. The difficulties reported last year that were being experienced by certain manufacturers in complying with the then newly introduced Cheese Regulations have, in the main, been overcome and only two samples were considered to be incorrectly labelled as compared with 29 in 1967. These two samples were:—

“Cheese Gateau” (Stoke-on-Trent, 55A) which should have been labelled “Full Fat Soft Cheese with Chives” and “Processed Smoked Cheese” (County, 36B/R) which should have been labelled “Medium Fat Processed Cheese”.

A further sample of the latter was labelled correctly.

Of the two samples of cheese submitted following complaints, a hard cheese (Stoke-on-Trent) was contaminated by rust and a Cottage Cheese

(Cheadle R.D.C.) was contaminated by mould of the *Penicillium* type and also by the mould *Geotrichum Candidum*.

The filling of biscuits sold as Cheese Wafers (County, 83B/P) and described as containing "Cream Cheese" was found to contain only 20% of cheese. The manufacturers agreed to modify the wording on the packet.

CEREAL PRODUCTS

Bread. Contamination of bread continues to be a problem that is of concern to bakeries and 17 samples were received during the year as a result of complaints of foreign matter. The proportion of such loaves is minute in relation to the many millions baked, but this is little comfort to the unfortunate recipient of a loaf of bread containing some unsavoury object.

Five samples (County 6B/S, Aldridge-Brownhills U.D.C., Leek U.D.C., Lichfield City—2) were contaminated by soiled lubricant from the machinery of the bakery.

Nine other complaints of foreign matter were: particles of iron and a money spider (Lichfield City), bakery char and general debris (Aldridge-Brownhills U.D.C.), part of an insect—probably a mining bee (Aldridge-Brownhills U.D.C.), part of a cockroach (Newcastle Borough), particles of soiled dough (Newcastle Borough), Larvae of the Mediterranean Flour Moth—*Ephestia Kuhnella* (Aldridge-Brownhills U.D.C.), fragments of ferrous metal swarf (Aldridge-Brownhills U.D.C.), a localised brown discoloration that appeared to be due to incomplete mixing of the iron fortification that is required to be added by the Bread and Flour Regulations (Seisdon R.D.C.), a blow-fly (Rugeley R.D.C.).

A complaint of infestation of a loaf of bread (County 86B/T, 87B/T) was found to be the living larvae of the Housemoth, *Hofmannophila Pseudospretella*. An investigation showed that it was the custom to keep loaves of bread in the shop, where the offending loaf was purchased, in an old biscuit tin. The tin was dirty and contained many fragments of bread crust, supporting a large and active colony of the larvae.

Two complaint samples of bread were contaminated by growths of mould, *Penicillium* (Cheadle R.D.C.) and the black mould *Rhizopus Nigrans* (Rugeley R.D.C.), the result of prolonged storage.

The labelling of special types of bread is not always as informative as could be wished and exception was taken to the description "Enriched White Bread" (County 76A/O) on the grounds that there was no statement as to how the bread had been "enriched" as distinct from ordinary white bread. Analysis showed that the bread contained more fat than usual and it is suspected that the bakers felt that in a waist-line-conscious society they would sell more by labelling the bread as "enriched" than if the public were made aware that it contained added fat.

It is to be hoped that the current revision of Bread Legislation will ensure that these special types of bread will have to be adequately described.

Flour Confectionery. The majority of complaints of unsatisfactory flour confectionery products were due to deterioration from prolonged storage. Four samples were contaminated by moulds of various types, a

Scone (Cannock U.D.C.) by a mould of the *Monilia* type, a Cream Slice (Lichfield R.D.C.) by a mould of the *Penicillium* type, Cream Cakes (Seisdon R.D.C.) by a mould of the *Geotrichum* type, a Swiss Roll (Lichfield R.D.C.) by mould of the *Aspergillus* type.

A Suet Pudding Mix (Stoke-on-Trent) contained fat that had become very rancid and investigations showed that the packet had been held in stock in the shop for many years.

A Christmas Pudding (County 72A/N) had a dry and hard appearance. Analysis showed that the moisture content was very much less than normal. It was found to be from stock left over from the previous Christmas. A very unpleasant taste in a Christmas Cake (Cannock R.D.C.) was found to be due to the rancidity of the fat in the "marzipan" layer.

Iced Buns (Lichfield R.D.C.) had a fine grey deposit on the surface of the icing. This was found to consist of road dust and it was found that it was the custom of the baker's delivery van driver to drive from point to point on his rounds with the rear doors of the van open. It is known that a moving vehicle causes a reduction in air pressure at the rear of the vehicle and it was concluded that by this reduction in pressure road dust was being drawn into the van through the open doors and deposited on the contents.

It is clearly desirable that this practice of transporting uncovered food in vans with open doors, which is often observed, should be discouraged.

A frozen uncooked Yorkshire Pudding (Stoke-on-Trent) had acquired a greyish-green colour. This unusual colour was attributed to the action of enzymes. Such action would not take place in the frozen product, but investigation showed that there had been a breakdown in refrigeration during storage.

A Custard Tart (Leek U.D.C.) contained vegetable fibres, probably hemp, possibly from a sack in which ingredients had been stored.

Other Cereals. Oatmeal biscuits (Lichfield City) had a very bitter taste due to rancidity. This is a fault which occurs from time to time and is due to the presence of a natural lipolytic enzyme in oats. Most of this enzyme is usually destroyed during the kilning process in the manufacture of oatmeal but sometimes sufficient remains to cause trouble. Such oatmeals will develop a bitter taste and this may be accentuated in biscuits made from the oatmeal if there is a delay between preparation and baking, or if the baking temperature is low.

Pearl Barley (Stafford Borough) was very heavily infested with cereal Psocids.

Rice (Newcastle-under-Lyme) contained foreign seeds and grit.

MEAT PRODUCTS

Corned Beef. Although some time has elapsed since a consignment of corned beef achieved notoriety, the public is still suspicious of this product.

Three samples (Lichfield City and two submitted privately) contained traces of iron. The origin of this iron, which occurred as dark grey-black

spots in the interior of the meat, could not be definitely established but it has recently been suggested that this could happen if the meat from cans that had become corroded internally was re-processed and re-canned. The appearance of these dark spots is quite distinct from the dark brown-black spots due to small blood clots and which often give rise to complaints but are, in fact, quite normal to the product.

Two other samples (Aldridge-Brownhills U.D.C. and Cannock U.D.C.) were submitted because of a very striking purple discoloration of the meat. This was found to be a synthetic colouring matter, which was not on the list of permitted food colours. It had been used as a carcase marker and should not have been allowed to pass into the product.

A further sample, submitted privately, contained a piece of animal hide with attached hairs—of bovine origin (see also a similar finding under “Prepared Meats”).

SAUSAGES

As the date of coming into operation of the Sausage and Other Meat Product Regulations came nearer (the operative date is 31st May, 1969), the quality of sausages, as measured by the meat content, improved.

During 1968 the standards of a minimum of 50% meat content for beef sausages and 65% of meat for pork sausages agreed by Public Analysts, and which are incorporated in the new Regulation, continued to be applied.

Of the 333 samples of Sausages examined for meat content, 18 of Pork Sausages were deficient in meat, but no difficulty was experienced by manufacturers in meeting the standard of 50% for Beef Sausages.

Pork Sausages Deficient in Meat

Source	Mark	Meat	Source	Mark	Meat
County Council	.. 36B/D	46.0%	Stoke-on-Trent	.. 266A	57.5%
.. ..	.. 28B/O	49.0%	.. ..	.. 249A	60.5%
Stoke-on-Trent	.. 8A	52.8%	.. ..	.. 367A	62.0%
.. ..	.. 23A	61.6%	.. ..	.. 383A	61.5%
.. ..	.. 28A	57.9%	.. ..	.. 446A	63.0%
.. ..	.. 107A	51.8%	.. ..	.. 450A	61.1%
.. ..	.. 191	53.0%	.. ..	.. 518A	57.2%
.. ..	.. 192A	54.2%	.. ..	.. 533A	62.5%
.. ..	.. 208A	55.0%	.. ..	.. 534A	60.0%

* This sample contained, also, undeclared Sulphite preservative, see below.

Under the Preservative Regulations the presence of Sulphur Dioxide preservative must be declared. 14 samples, including one that was deficient in meat, contained undeclared preservative, but no sample had more than the 450 p.p.m. permitted by the Regulations.

Sausages Containing Undeclared Preservative

Source	Type	Mark	Sulphur Dioxide
County Council	Catering Sausages	29B/N	150 p.p.m.
" " " "	" "	3B/Q	450 "
Stoke-on-Trent	Pork Sausages	51A	260 "
" " " "	" "	231A	120 "
" " " "	" "	152	180 "
" " " "	" "	249A	300 "
" " " "	" "	309A	220 "
" " " "	" "	355A	215 "
" " " "	" "	417A	190 "
" " " "	" "	430A	120 "
" " " "	" "	536A	110 "
" " " "	" "	559A	400 "
Newcastle-under-Lyme ..	" "	10	155 "
" " " "	" "	12	260 "

Two sausages were the subjects of complaints. A pellet of excreta of an herbivorous animal, probably a sheep, was found in one (Stoke-on-Trent) and another contained a blow-fly (Cannock U.D.C.).

PREPARED MEATS

Regulations governing the minimum meat content of prepared meats have been published, but until they come into operation (31st May, 1969) the standards have been used as a guide to assess the quality of these products.

Prepared Meats Deficient in Meat

Product	Source	Mark	Meat	
			Found	Standard
Minced Beef and Gravy ..	Stoke-on-Trent	140A	70%	75%
Stewed Steak with Gravy ..	Stafford Borough	916	67%	
" " " " ..	" "	940	70%	
Beefburgers ..	Stoke-on-Trent	522A	69%	80%
Baconburgers ..	" "	523A	68%	
Sliced Braised Beef with Sauce..	County	24B/M	36%	
Hamburgers with Gravy ..	"	73B/M	45%	60%
" " " " ..	"	23B/R	43%	
" " " " ..	"	24B/R	44%	

Three samples sold as "Sliced Braised Beef" (County 33B/M, 35B/M, 37B/M) contained 61.5%, 60.0% and 60.2% of meat respectively in gravy and should therefore have been labelled as "Sliced Braised Beef in Gravy".

The contents of a can of Luncheon Meat (Aldridge-Brownhills U.D.C.) had undergone putrefaction due to a fault in the seam of the can which had permitted the entry of micro-organisms.

Pork Luncheon Meat (Cheadle R.D.C.) contained small bright violet spots, identified as the artificial colouring matter Methyl Violet. This

dye is not a permitted food colouring but the dye is commonly used in the manufacture of copying pencils and the fine dust produced when such a pencil is sharpened is the usual cause of the appearance of violet spots in processed food.

A Steakburger (Stafford Borough) contained a small piece of animal hide with attached hairs. This was identified as being of bovine origin and not part of a mouse as had been feared by the complainant. This failure to remove every trace of hide from the animal carcase is less frequent than it was a few years ago when meat product manufacturers started to import meat from new sources in recently developed countries. More rigorous inspection has largely eliminated this trouble, but, as with this sample, it still occurs from time to time. (See also “Corned Beef”)

MEAT IN PASTRY

The Meat Pie and Sausage Roll Regulations, 1967 came into operation during the year (on May 31st) and whilst most manufacturers had little difficulty in meeting the requirements, it is understood that some manufacturers decided to discontinue the production of small pies and, as mentioned in the Introduction, “Meat and Vegetable” pies have been re-named “Vegetable and Meat”—the former being required to contain not less than 12½ % of meat whereas there is no standard of meat content for the latter in the Regulations.

Meat Pies Deficient in Meat

Type	Source	Mark	Meat Content	
			Found	Required
Pork Pie ..	Stoke-on-Trent	327A	17.0%	25.0%
Steak Pie ..	„ „	398A	16.0%	25.0%
Meat and Potato Pie ..	„ „	466A	10.0%	12.5%

Shepherd’s Pie, the traditional last resting place of the remains of the Sunday joint, has acquired a new status and appeared in colourful packets in the frozen foods section of Supermarkets and other shops.

Legislation on Meat Products appears, however, to have overlooked this product in as much that it is not included in the Sausages and Other Meat Product Regulations and appears to be excluded, by definition, from the Meat Pie and Sausage Roll Regulations. To have included it in the general standard for “Other Meat Products” would require a minimum meat standard of 35 % but it was considered that for a traditionally cheap dish this was unreasonably high and it was decided to adopt an interim standard of a minimum of 25 %, as for pastry pies. This view has been supported by other Public Analysts and the formulation of a standard is under discussion with the Ministry.

Meat Content of Shepherd’s Pie

Source	Mark	Meat Content
County Council..	23B/M ..	20.0%
„ „ ..	32B/M ..	20.0%
„ „ ..	34B/M ..	26.1%
„ „ ..	36B/M ..	25.1%

These meat contents are calculated as percentages of the declared weights of the contents of the packets. In each case the actual weight was in excess of the declared weight due, apparently, to generous helpings of potato. The amount of meat as a percentage of the whole would have been less but it was considered that it would be unjust to include the "free" potato in the calculation to the detriment of the calculated meat percentage.

The perishable nature of meat pies, which is sometimes not fully appreciated, continues to be a source of trouble and three complaints were received during the year. A Pork Pie (Lichfield R.D.C.) contained *Penicillium* mould and the very unsightly black mould *Rhizopus Nigrans* was found in a Meat Pie (County 58B/R) and a Meat and Potato Pie (Cheadle R.D.C.).

A Meat Pie (Stafford Borough) contained a cockroach.

The origin of a bitter taste in a Meat Pie (Cannock U.D.C.) could not be positively identified but it was suspected that an excessive amount of a meat tenderising preparation had been used.

FRUIT AND FRUIT PRODUCTS

Canned Fruit. Two cans of the same brand of Peaches (Lichfield City) contained tin; in one 450 p.p.m. of tin, and in the other 250 p.p.m. The present limit is 250 p.p.m.

Fruit Juice. Pineapple Juice (Newcastle Borough) contained vegetable matter, derived probably from the non-edible part of a pineapple, together with yeast.

Cherry Juice (Stafford Borough, 950) contained only 73 mg./fl. oz. of Vitamin C instead of the 100 mg./fl. oz. declared.

Orange Juice (Cannock R.D.C.) was of a revolting appearance, containing earthworms and soil—apparently someone's idea of a joke.

Preserves. Two samples of Black Cherry Preserve (County 53A/K and 54A/K) had extensive surface growths of *Aspergillus* mould.

Lemon Curd (County 11A/L) contained only 49% of soluble solids instead of the minimum of 65% required by the Food Standards (Preserves) Order, 1953. It was found that it was made by a small producer who was unaware that food standards existed. The amounts of fat and egg were well above the standard.

Marmalade (Stoke-on-Trent 324A) had a surface growth of the mould *Aspergillus Glaucus*.

VEGETABLE AND VEGETABLE PRODUCTS

Potatoes (Stafford R.D.C.) were stained with a green dye that was identified as Malachite Green. Under a scheme operated by the Potato Marketing Board surplus potatoes are purchased on the farm by the Board, marked with a dye, and then sold back to the grower at a lower price as stock feed. The potatoes in question had been dishonestly sold a second time for human consumption.

Imported Canned Tomatoes (Cannock U.D.C., 37/68) contained at least 25% of added water. A curious feature of this sample is that the can had two labels, one on top of the other. The hidden label indicated

that it was canned for the American market and it is presumed that it had been rejected, re-labelled and landed here. The shopkeeper agreed to withdraw all stocks but attempts to trace the Importer were unsuccessful in that correspondence was returned by the Post Office marked "gone away, address not known".

A larvae found in a can of Tomatoes (Cannock U.D.C.) was identified as of the Gelchid Moth, *Phthorimakra Operculella*, Zell.

Two samples of the same brand of Cream of Tomato Soup (Stoke-on-Trent 451A and 487A) were deficient in fat, containing 3.0% and 3.3% respectively instead of a maximum of 3.5%. The product was sold, at a higher price than other brands, with the suggestion on the label of its value in slimming diets—a rather curious 'justification' of an inferior product. The manufacturers agreed to improve their product.

SUGAR AND SUGAR PRODUCTS

Granulated Sugar (Stafford Borough) contained dark specks of carbonised sugar, due to a manufacturing fault.

Tinted Sugar Crystals (County 93A/L) contained the non-permitted artificial colouring matter Blue V.R.S.

Sugar Confectionery (Stafford Borough) contained a fragment of metal identified as a tooth-filling—from the mouth of the complainant?

A Table Jelly Tablet (Stafford Borough) was found to be covered by a white crystalline incrustation consisting of sugar, due to loss of moisture during prolonged or unsuitable storage.

FERMENTATION PRODUCTS

Shandy. Two samples of Shandy (County 48A/O and 21B/N) each contained only 1.0% of proof spirit. The present minimum standard adopted by Public Analysts is 1.5% proof spirit but the Food Standard Committee Report on Claims and Misleading Descriptions has since recommended that the alcohol content of Shandy should be not less than 1.7%.

Beer. A bottle of home-brewed Beer was submitted privately with the complaint of an objectionable taste and smell. It was very actively fermenting and had a strong 'yeasty' odour and taste, but when the fermentation had ceased and the yeast had settled the product proved to be very palatable but with more the character of a lager than an ordinary beer. It had over 9% of proof spirit! It was considered that the cold weather prevailing at the time had slowed down the initial fermentation so that the beer was still undergoing fermentation when it would, otherwise, have been ready.

SOFT DRINKS

Lemonade (Newcastle Borough) was contaminated by kerosine but, as distinct from the usual trouble due to the misuse of returnable bottles, the kerosine had been spilt over the exterior of the bottle.

Lemonade (Tamworth Borough) contained a growth of moulds.

FOOD COLOURS

Three samples of Food Colouring Preparation, Violet (County 51A/J), Blue (County 52A/J) and Apple Green (County 59A/L), contained the non-permitted colour Blue V.R.S. This colour was, at one time, in the permitted list but was withdrawn by the revised Colouring Matter in Food Regulations, 1966. The samples in question proved to be from old stocks.

SPICES

Cayenne Pepper (Stoke-on-Trent 284A) had an ether-soluble extract of only 6.5% whereas the amount is not usually less than 15%. The general condition of the sample suggested that it had deteriorated through age or unsuitable storage.

Pickling Spice (County 84A/N) was heavily infested by mould.

SLIMMING FOODS

A survey of so-called Slimming Biscuits in relation to compliance with the labelling requirements of the Bread and Flour Regulations, now under review, produced 16 samples (County 78B/R-85B/R, 1A/P-6A/P, 54B/N and 91B/M) that were considered to have not complied with the spirit of the Regulations. Such products may not be described, or have a label, "which is calculated to indicate directly or indirectly or by ambiguity, omission or inference that the said food is an aid to slimming unless the label bears or includes a clear, legible and conspicuous statement to the effect that the said food cannot aid slimming unless it forms part of a diet in which the total intake of calories is controlled".

All the packets did have the required statement, although not always the exact wording, but the interpretation of "clear, legible and conspicuous" by certain manufacturers was based upon the dictum that if it could be read it was legible and if it could be found it must be conspicuous!

The statements were usually on the bottom or back of the packets, of microscopic size, and often buried in a mass of other printing.

Unfortunately the manufacturers are protected by existing case law and no action was possible in these instances. Opportunity was taken, however, of the Ministry's request for comments upon the Regulations and representations were made to the Food Standards Committee.

A further sample, Calorie Biscuits (County 78A/P) omitted the required statement entirely. The manufacturers agreed to re-print the packets so as to include the statement in a satisfactory manner.

DRUGS

Aspirin Tablets for Children (County 52B/R) and *Travel Sickness Tablets* (Newcastle-under-Lyme 2) were incorrectly labelled in that the amount of the active constituents were not given in the metric equivalent.

Glauber's Salts (County 82A/L) consisted of dried Sodium Sulphate instead of the crystalline form. The package was considered to be unsuitable and had permitted the loss of water of crystallisation. This is a serious fault as anyone accustomed to taking a certain dose as a purgative would as a consequence be taking more than twice as much as intended. The manufacturers agreed to use a more suitable package.

Vitamin Syrup, submitted by a Health Centre with the complaint that it contained “bits”, was found to have undergone slight separation of the normal constituents, due probably to low temperature and/or prolonged storage.

MISCELLANEOUS FOOD SAMPLES *

County Council Contract Samples

Samples of the following foods, supplied to the County Council under contract, were submitted for examination.

Beef Sausages	..	..	Total Meat	62.1 %	..	Lean Meat	37.5 %
Beef Sausages	..	..	„ „	55.2 %	..	„ „	35.5 %
Beef Sausage Meat	..	..	„ „	62.5 %	..	„ „	41.0 %
Beef Sausages	..	..	„ „	52.4 %	..	„ „	35.0 %
Pork Sausages	..	..	„ „	72.0 %	..	„ „	47.1 %
Beef Sausages	..	..	„ „	71.9 %	..	„ „	34.4 %
Minced Meat	..	..		Fat Content		20.0 %	
Minced Beef	..	..		„ „		9.4 %	
Minced Beef	..	..		„ „		11.1 %	

Imported Food Regulations, 1968

Two samples were submitted by Cheadle R.D.C.

Two samples, one of Honey and one of Canned Asparagus, were satisfactory.

* (These samples are included in the table of samples received under the Food and Drugs Act, 1955.)

PESTICIDE RESIDUES

During the year the interim report of the results obtained in the first year from August, 1966 to July, 1967 of the National Pesticide Residue Survey, and in which the County Laboratory participated, was published.

This survey showed that traces of pesticides were present in a significant number of the samples of foods covered by the Survey. In general the amounts found were small and tended to follow a pattern that corresponded with the known use of pesticides on certain crops. There were, however, some samples in which the residues did not fit in with normal, good agricultural practice, and others in which the origin of the pesticide was less obvious.

According to the present state of our knowledge of these substances there would appear to be no short-term hazard associated with the amounts found during the first year of the Survey. Figures for the “Acceptable Daily Intake” of a number of pesticides have been worked out by an International Committee but there are still a number of pesticides for which no such levels have yet been prescribed. Certain pesticides—notably Aldrin and Dieldrin—have been subjected to close control—amounting to a ban upon some applications—others have taken their place and new ones have been discovered. Consideration of these circumstances clearly makes it important that there should be continuous vigilance and that to this end samples of food must continue to be examined.

At the time of the preparation of this Annual Report the publication of the results of the second year, from August, 1967 to July, 1968, of the National Pesticide Residue Survey is awaited. It would appear, however, from preliminary information that this second period does show that there has been an increase in the incidence of pesticides in foods from 16% to 21% of samples although a direct comparison of this sort is difficult because the range of foods covered in the two periods was not the same.

Where direct comparisons are possible, however, it was found that the incidence of pesticide residues has, in some foods, decreased, *i.e.* Potatoes from 10% to nil, and Milk-based Infant Foods from 36% to 20%, some foods were about the same, *e.g.* Milk 29% to 27% but some others, such as Sausages, increased from 8% to 24%, and Bread increased from 7% to 16% of samples.

It would appear also that the second period of the survey shows an increase in the incidence of Aldrin/Dieldrin in spite of the severe restrictions imposed upon the use of these pesticides in 1964. While the number of such samples is small in relation to the total number examined, ten miscellaneous samples of food contained more than the recommended limit of 0.1 p.p.m., which was twice the number found in the first period.

Five per cent of milk samples contained more than the recommended limit of 0.003p.p.m. of Aldrin/Dieldrin as compared with 4% in the first period.

The following results were obtained on the 49 samples examined in the County Laboratory:—

Sample	Source	Mark	Pesticide
<i>Dairy Products:</i>			
* Milk	County	99A/L	Not detected
* "	"	73A/J	" "
* "	"	67A/O	" "
* "	Stoke-on-Trent	117A	" "
* Butter	County	26A/L	" "
* "	"	18A/O	" "
* "	Stoke-on-Trent	116A	" "
* Cheese	Stafford Borough	909	" "
<i>Cereal Products:</i>			
* Bread (White)	County	68A/K	Not detected
* " "	"	23A/L	" "
* " "	"	28A/O	Traces of B.H.C. and Malathion
* " (Brown)	"	69A/K	{ B.H.C. 0.01 p.p.m., Malathion 0.14 p.p.m.
<i>Meat Products:</i>			
* Pork	County	98B/M	Not detected
* "	"	93B/M	Trace D.D.T.
* "	"	15B/M	Trace of B.H.C., D.D.T. and Dieldrin
* "	Stoke-on-Trent	421A	Not detected
* Corned Beef	County	70A/K	{ B.H.C. 0.07 p.p.m. Dieldrin 0.02 p.p.m.
* Sausage, Beef	"	83A/K	{ B.H.C. 0.02 p.p.m. D.D.T. 0.13 p.p.m.
* " "	"	98A/L	Trace D.D.T.
* " "	"	56A/O	Not detected
* " "	Stoke-on-Trent	273A	" "

Sample	Source	Mark	Pesticide
<i>Poultry Products:</i>			
* Eggs	County	25A/L	Not detected
* „	Stoke-on-Trent	114A	„
* „	County	42A/O	Trace B.H.C.
<i>Fruit:</i>			
* Apples	County	12B/M	{ Parathion 0.02 p.p.m. Lead 0.02 p.p.m.
* „	Stoke-on-Trent	419A	Not detected
* Pears	County	13B/M	Parathion 0.03 p.p.m.
* „	„	96B/M	Trace D.D.T.
* „	Stafford Borough	910	{ T.D.E. 0.20 p.p.m., (D.D.T. 0.08 p.p.m.) (D.D.E. 0.02 p.p.m.)
* „	Stoke-on-Trent	115A	Not detected
* Strawberries	County	99B/M	„ „
Grapes	Cannock U.D.C.	12/68	„ „
„	County	20B/R	„ „
„	Stoke-on-Trent	420A	„ „
Plums	County	19B/R	„ „
<i>Vegetables:</i>			
* Lettuce	County	14B/M	{ B.H.C. 1.67 p.p.m. D.D.E. 0.03 p.p.m.
* „	„	95B/M	Not detected
* „	Stoke-on-Trent	272A	„ „
Tomatoes	Cannock U.D.C.	13/68	„ „
<i>Fats:</i>			
* Cooking Fat	County	94B/M	Not detected
* Pork Dripping	„	97B/M	„
* Dripping	Stoke-on-Trent	274A	Trace B.H.C.
* Lard	„ „	275A	Not detected
<i>Baby Foods:</i>			
* Roast Beef & Vegetables	County	66A/K	Not detected
* Pineapple Rice Pudding	„	67A/K	„ „
* Junior Carrots	„	22A/L	„ „
* Milk Food	„	24A/L	„ „
Vegetable & Beef	„	55A/O	„ „
Milk Food	„	18A/O	„ „

* Samples submitted under the National Pesticide Survey.

Of the 49 samples examined, of which 35 were included in the National Pesticide Survey, 7 samples all of which were among these samples included in the Survey contained measurable amounts of pesticide residues.

This number is 14.3% of all these samples, but 20% of those in the Survey.

(The mean incidence in the National Survey was 21%.)

In addition to the above 7 samples, a further 7 samples had smaller traces of pesticides, so that of all samples tested for pesticides 29% had detectable amounts, although it is emphasised that the amounts found were small and in some cases only just detectable by the very sensitive methods used.

SECTION III

FERTILISER & FEEDING STUFFS ACT, 1926

One hundred and forty-eight samples, 124 from the County Council, and 24 from Stoke-on-Trent, were submitted by Inspectors under the Act. Of these samples 25 Fertilisers and 18 Feeding Stuffs were irregular. The irregular samples included 14 that had deficiencies (9.5% of all samples) and also 13 that had statements that were not in the prescribed form. Even after taking into account the difficulties experienced by manufacturers in the marking of feeding stuffs as a result of the new Regulations that came into operation in 1968, the number of samples that had either no Statutory Statement or one that did not give all the required information is surprising when it is considered that the basic Act has been in force for 42 years.

Particulars of the samples are given in the following tables:—

SAMPLES EXAMINED

	County Council				Stoke-on-Trent			
	Number	Irregularities			Number	Irregularities		
		Excess	Deficient	Others		Excess	Deficient	Others
<i>Fertilisers:</i>								
Basic Slag	2	—	—	2	4	1	—	—
Bone Meal	4	1	1	—	—	—	—	—
Bone Meal—Steamed	2	1	—	—	—	—	—	—
Compounds	36	12	10	5	11	2	1	3
Dried Blood	2	—	—	—	—	—	—	—
Hoof and Horn	1	—	—	—	—	—	—	—
Limestone (Ground)	1	—	—	—	—	—	—	—
Nitrate of Soda	3	—	—	—	—	—	—	—
Nitro-Chalk	4	—	—	1	1	—	—	—
Sulphate of Ammonia	3	—	—	—	—	—	—	—
Sulphate of Potash	4	—	—	—	—	—	—	—
Superphosphate	3	1	—	—	—	—	—	—
	<u>65</u>	<u>15</u>	<u>11</u>	<u>8</u>	<u>15</u>	<u>3</u>	<u>1</u>	<u>3</u>
<i>Feeding Stuffs:</i>								
Cattle Foods	27	3	—	—	1	—	—	—
Pig Foods	8	1	1	—	2	—	—	—
Poultry Foods	17	4	2	—	6	3	1	—
Sheep & Lamb Foods	3	1	—	—	—	—	—	—
Feeding Meat & Bone Meal	1	1	—	—	—	—	—	—
Fish Meal	1	—	—	—	—	—	—	—
Molassed Palm Kernel Meal	1	1	1	—	—	—	—	—
Concentrates	1	—	—	—	—	—	—	—
	<u>59</u>	<u>11</u>	<u>4</u>	<u>—</u>	<u>9</u>	<u>3</u>	<u>1</u>	<u>—</u>

SAMPLES FROM OTHER SOURCES

In addition to the above, 3 samples of Feeding Stuffs were submitted privately for compositional analysis.

IRREGULAR SAMPES

FERTILISERS

Authority and Description		N %	P ₂ O ₅ %				K ₂ O %		Irregularity
			Total	Sol-uble	Insol-uble	Cit-ric			
County Council:									
A18 John Innes G		5.2	7.2	—	—	—	9.7	—	0.5% excess K ₂ O. Statutory statement not in the required manner.
Base F		4.9	7.9	6.2	1.7	—	11.4	—	
B21 Rose G		10.5	—	4.5	3.0	—	10.5	2.1%	2.4% less Magnesium than declared.
Fertiliser F		9.9	—	4.2	3.5	—	11.2	4.5%	
B24 Organic G		6.0	—	4.25	1.75	—	6.0	—	2.25% deficient soluble P ₂ O ₅ . 2.45% excess insoluble
Fertiliser F		5.9	—	1.5	4.7	—	3.8	—	
B37 Ideal G		8.5	6.0	—	—	—	5.0	—	2.7% deficient K ₂ O. 3.9% excess total P ₂ O ₅ . Statutory Statement not in the required manner.
Lawn Fertiliser F		7.5	9.9	1.7	8.2	—	1.8	—	
B39 Basic G		—	—	—	—	—	—	—	No Statutory Statement.
Slag F		—	10.2	—	—	9.1	—	81.5% (Fineness)	
A20 Steamed G		1.2	29.0	—	—	—	—	—	2.0% excess P ₂ O ₅ .
Bone F		1.3	32.5	—	—	—	—	—	
A21 Organic G		6.0	—	1.25	1.75	—	3.0	—	2.0% deficient N. 1.7% excess insoluble P ₂ O ₅ .
Lawn Fertiliser F		3.2	—	0.75	4.0	—	2.7	—	
A27 Super-phosphate G		—	—	18.5	—	—	—	—	1.1% excess soluble P ₂ O ₅ .
F F		—	—	20.5	—	—	—	—	
A29 Fish, G		7.05	—	2.40	5.60	—	6.10	—	0.4% excess soluble P ₂ O ₅ .
Blood and F		6.6	—	3.3	6.3	—	5.7	—	
Bone Compound B44 Lawn G		5.0	—	—	0.72	—	—	2.0%	0.6% excess N.
Dressing F		6.1	—	—	0.8	—	—	1.9%	
A1011 Basic G		—	14.0	—	—	—	—	—	Statutory Statement not in the required manner.
Slag F		—	14.0	—	—	13.6	—	86.9% (Fineness)	
C153 Bone G		6.3	15.5	—	—	—	—	—	N, 0.3% excess. P ₂ O ₅ , 0.5% deficient.
Meal High F		7.1	13.5	—	—	—	—	—	
Grade Organic									CaCO ₃ 35.0% 33.3%
A1005 Nitro-G		21.0	—	—	—	—	—	—	
Chalk F		20.2	—	—	—	—	—	—	4.4% moisture which might cause difficulties in application. Insoluble P ₂ O ₅ , 0.5% excess. N, 1.0% deficient.
B1134 Organic G		6.0	—	4.25	1.75	—	6.0	—	
Fertiliser F		4.2	—	1.0	2.9	—	6.0	—	Soluble P ₂ O ₅ , 2.7% deficient. N, 1.8% deficient.
B1135 Lawn G		6.0	—	1.25	1.75	—	3.0	—	
Fertiliser F		3.4	—	0.5	3.4	—	3.3	—	Soluble P ₂ O ₅ , 0.25% deficient. Insoluble P ₂ O ₅ , 1.1% excess. K ₂ O, 2.0% deficient.
C152 High G		8.5	6.75	—	—	—	5.0	—	
Grade F		8.2	8.3	6.8	1.5	—	2.5	—	Statutory Statement not in the required manner.
Organic Ideal									
Lawn Fertiliser									K ₂ O, 0.3% excess.
B1138 John G		5.1	—	6.4	1.7	—	9.7	—	
Innes Base F		4.8	—	5.9	1.3	—	11.2	—	K ₂ O, 1.7% excess.
Fertiliser									
B1140 G		5.0	—	3.7	6.6	—	5.0	—	K ₂ O, 0.5% excess. Soluble P ₂ O ₅ , 1.0% deficient.
Chrysanthemum Fertiliser F		5.5	—	3.7	6.3	—	7.2	—	
B1148 G		7.0	—	6.0	1.0	—	7.0	—	K ₂ O, 0.8% excess. No declaration of insol. P ₂ O ₅ . No declaration of insol. P ₂ O ₅ .
Growmore F		6.6	—	4.3	1.5	—	8.3	—	
Fertiliser									No declaration of insol. P ₂ O ₅ . No declaration of insol. P ₂ O ₅ .
A28 Organic G		4.0	3.1	0.9	—	—	2.1	—	
Plant Food F		4.2	5.1	0.5	4.6	—	3.4	—	No declaration of insol. P ₂ O ₅ . No declaration of insol. P ₂ O ₅ .
A29 Organic G		3.5	4.0	2.0	—	—	6.0	—	
Rose Fertiliser F		4.0	4.8	2.5	2.3	—	6.6	—	
Stoke-on-Trent:									
17F Basic G		—	14.0	—	—	13.0	Fine-ness	70%	Fineness, 3.2% excess.
Slag F		—	13.9	—	—	12.4	—	76.6%	
19F General G		6.0	—	3.0	—	—	6.0	—	N, 1.1% deficient. Soluble P ₂ O ₅ , 0.4% excess. K ₂ O, 2.1% excess. Statutory Statement not in the required manner.
Feed F		4.2	—	3.9	—	—	8.9	—	
22F Leek & On-G		17.5	—	12.5	—	—	8.75	—	Statutory Statement not in the required manner. Amounts stated as w/v instead of w/w.
ion Activating F		14.6	—	10.1	—	—	7.7	—	
Feed F		6.0	—	3.0	—	—	6.0	—	Statutory Statement not in the required manner.
24F General G		6.0	—	3.0	—	—	6.0	—	
Feed F		5.5	—	3.4	—	—	6.3	—	

In the above Table, 'G' = Guarantee and 'F' = Found.

The excesses were not to the prejudice of the purchaser.

FEEDING STUFFS

Authority and Description		Oil%	Protein%	Fibre%	Other	Irregularity
<i>County Council:</i>						
B34 Lamb Fattening	G	2.5	13.0	7.0		1.0% excess Protein.
Food	F	2.5	15.3	7.6		
B35 Dairy Grazing	G	3.0	13.5	11.5		1.6% excess Protein.
Mixture	F	2.9	16.5	10.7		
				P ₂ O ₅		
B36 Feeding Meat and	G	8/10	48/50	10.7		2.2% excess Oil. Statutory
Bone Meal	F	13.2	45.3	11.2		Statement not in the required
						manner.
A1013 Battery Mixture	G	3.0	15.0	5.5	—	Oil, 0.35% excess.
	F	4.1	14.5	4.1	—	
A1014 Layers' Pellets	G	2.0	16.5	5.0	—	Oil, 0.25% excess.
	F	3.0	19.2	2.7	—	Protein, 1.0% excess.
B46 Dairy Concentrates	G	4.5	40.0	5.0	—	Protein, 0.9% excess.
	F	4.2	44.9	5.1		
A5 Complete Quick Beef	G	2.0	14.0	8.0	Protein equiv. of	0.6% excess Protein.
Nuts with Urea					Urea 2.88%.	
	F	2.0	16.0	7.4	Protein equiv. of	
					Urea 2.9%.	
B1152 Layers' Mash	G	3.75	17.5	6.5	—	0.45% deficient fibre.
	F	3.1	17.5	2.8		
B54 Sow and Weaner	G	2.6	16.3	4.95	Copper 250 p.p.m.	158 p.p.m. deficient Copper
Meal	F	2.7	16.3	4.9	Copper 17 p.p.m.	
A9 Anti-coccidial	G	3.0	17.0	5.0	'Pancoxin' 90 p.p.m.	Statutory Statement not in
Chick Rearing Crumbs	F	3.4	16.8	5.4	(Amprolium	the required manner.
					(48 p.p.m.	
					(Sulphaquinoxline	
					(43 p.p.m.	
					(Ethopabate	
					(3 p.p.m.	
A19 Dairy 16 Meal	G	2.5	16.0	9.0	Protein equiv. of	3.4% excess Protein.
	F	2.0	21.0	6.1	Urea 2.92%.	
					Protein equiv. of	
					Urea 4.1%.	
A22 Molassed Palm	G	—	—	6.0	Sugar 26.0%.	3.0% excess Sugar.
Kernel Meal	F	—	—	3.3	Sugar 31.6%.	20% deficient Fibre.
A24 Intensive Growing	G	2.5	15.5	5.5	'Pancoxin' 90 p.p.m.	Statutory Statement not in
Mash	F	3.0	15.8	4.8	(Amprolium	the required manner.
					(51 p.p.m.	
					(Sulphaquinoxline	
					(41 p.p.m.	
					(Ethopabate	
					(3 p.p.m.	
A26 Fattening	G	2.5	13.0	3.0	—	0.5% excess Fibre.
Pig Meal	F	2.3	13.7	3.9		
<i>Stoke-on-Trent:</i>						
1F Growers' Mash	G	4.0	17.0	5.0	—	1.0% excess Fibre.
	F	4.7	15.9	6.6		
2F Poultry Food	G	3.0	17.5	5.0	—	0.8% excess Oil.
	F	4.6	16.6	5.0		
8F Poultry Food	G	3.0	17.5	5.0	—	Oil, 1.35% excess.
	F	5.1	17.0	5.3		
11F Intensive Growers'	G	3.0	16.0	4.5	—	Protein 0.4% deficient.
Pellets	F	2.5	14.0	4.4		
15F Intensive Growers,	G	3.0	16.0	4.5	—	0.5% deficient Protein.
V.A.	F	2.6	13.9	4.1		

In the above Tables 'G' = Guarantee and 'F' = Found.

The excesses and deficiencies are the amounts of the variations beyond the limits prescribed by the Regulations made under the Act.

In general, excesses are to the advantage of the purchaser and deficiencies are to the prejudice of the purchaser, in the case of fibre in feeding stuffs, however, the converse applies.

SECTION IV

CONSUMER PROTECTION ACT, 1961

The Toys (Safety) Regulations, 1967

These Regulations placed a ban on the use of the highly inflammable Cellulose Nitrate for all toys except table tennis balls—nothing else, apparently, is suitable for table tennis balls.

Restrictions were placed, also, on the use of paints containing certain metals and these restrictions came into operation in two stages, as follows:—

(a) *Up to 31st October, 1968*

A toy shall not have any coating of paint which contains lead or any compound of lead in which the amount of lead exceeds 11,000 p.p.m.

(b) *After 31st October, 1968*

The maximum amount of lead was reduced to 5,000 p.p.m. and also the amount of Arsenic limited to 250 p.p.m. and amounts of soluble Antimony, Barium, Cadmium and Chromium limited to 250 p.p.m. Of the 83 toys examined, 13 or 15.7% were unsatisfactory.

<i>Toy</i>	<i>Source</i>	<i>Mark</i>	<i>Colour</i>	<i>Irregularity</i>	
<i>Up to 31st October 1968:</i>					
Model Field Gun ..	County	T5A	Khaki	Lead	56,000 p.p.m.
Skipping Rope ..	„	CP6B	Green	Lead	81,000 p.p.m.
Skipping Rope ..	„	CP7B	Yellow	Lead	85,000 p.p.m.
Model Haulage Truck ..	„	CP8B	Yellow	Lead	65,000 p.p.m.
Skipping Rope ..	„	CP19B	Red	Lead	58,000 p.p.m.
„ „ ..	„	CP32B	Red	Lead	85,000 p.p.m.
„ „ ..	„	CP36B	Yellow	Lead	215,000 p.p.m.
Corkscrew ..	„	CP41B	Red	Lead	88,000 p.p.m.
Skipping Rope ..	„	46(1)B	Yellow	Lead	212,000 p.p.m.
<i>After 31st October, 1968:</i>					
Child’s Paint Brushes ..	County	CP65B	Yellow	Lead	126,000 p.p.m.
			Green	Lead	54,000 p.p.m.
Model Cruiser Tank ..	„	CP58B	Yellow	Lead	12,000 p.p.m.
			Total	Lead	49,000 p.p.m.
Toy Drum ..	Stoke-onTrent	1	Yellow	Lead	20,000 p.p.m.
			Green	Lead	15,000 p.p.m.
Model Land Rover ..	„ „	3	Khaki	Lead	111,000 p.p.m.
				Soluble	
				Chromium	12,000 p.p.m.
			Yellow	Lead	105,000 p.p.m.

One further toy, a Baby’s Rattle (County CP24B), was reported as unsatisfactory. It was so poorly constructed that the means of producing the ‘rattle’, small glass balls, could be removed easily and would be tempting to a small child.

No Cellulose Nitrate was used in the construction of any of the toys sampled.

SECTION V

THE PHARMACY & POISONS ACT, 1933

Only two samples were submitted under the Pharmacy and Poisons Act, 1933, both from the County.

A Disinfectant was considered to be satisfactory.

Exception was taken to a label on a Car Polish which stated that the polish would be “harmful or fatal if swallowed” but gave no information that would be of any use to a Physician called to treat anyone who had eaten the polish.

It consisted of a mild abrasive in a wax polish base and although it was certainly not edible the reasons for the rather alarming statement on the label were not apparent.

SECTION VI

THE TRADE DESCRIPTIONS ACT, 1968

This Act replaced the Merchandise and Marks Act on 30th November 1968. Of the 12 samples submitted, the first 10 were submitted under the old Act and the last 2 under the new Act.

All were submitted by the County.

Potato Scoops	..	A kitchen tool made from cast metal consisting mainly of Aluminium. Lead was present to the extent of 0.1 %, which was considered to be satisfactory as it was less than the 0.5 % permitted in the 'tin' coating of cooking vessels. Leaving the scoop in contact with a 0.25 % solution of Citric Acid produced a liquid containing 0.14 p.p.m. of lead, which was considered to be satisfactory.
Dog Food	..	A claim that it was fortified with Minerals and Vitamins was checked by analysis and found to be justified.
Wool	..	Five samples of Wool were submitted on suspicion that they were underweight. When received the samples did weigh less than stated, but when tested according to the British Standard Specification No. 984:1961 they were found to be exactly correct, the apparent discrepancy being due to loss of natural moisture.
Two-stroke Oil	..	Three samples were submitted following a complaint that the oil was an old used oil. The very dark colour of the oil was found to be due to the inclusion of colloidal graphite in the formulation of the product and not due to the presence of used oil.
Motor Spirit	..	Two samples of motor spirit were submitted following complaints of dirt, but none was present.

SECTION VII

OTHER SAMPLES

ATMOSPHERIC POLLUTION

Eighty-seven Lead Peroxide Cylinders and the contents of 149 Rain Gauges were submitted for examination in 1968, as listed in Section 1.

The Lead Peroxide Cylinders are used to determine the amounts of sulphur gases in the atmosphere—the Lead Peroxide reacts with and fixes the sulphur, which is then determined by analysis.

Rainwater is measured and then examined for soluble and insoluble matter.

The results obtained are summarised in the Tables.

LEAD PROXIDE CYLINDERS

(Sulphur Pollution as mg. SO₃ per 100 sq. cm. per day)

Authority	Site Name and No.	Lowest Month	Highest Month	Average
Aldridge-Brownhills U.D.C. ..	Brownhills No. 2	0.5	3.4	1.8
..	No. 3	0.4	2.7	1.1
Newcastle-under-Lyme R.D.C. ..	Keele No. 1	0.6	2.3	1.3
Rugeley U.D.C. ..	Rugeley No. 9	0.3	1.2	0.7
Stone R.D.C. ..	Stone No. 9	0.5	1.9	0.9
..	No. 12	0.9	2.4	1.3
..	No. 13	0.5	2.4	1.1
..	No. 14	0.5	2.8	1.3

RAINWATER GAUGES

Authority	Site Name and No.	Average Rainfall (mm. per day)	Average Solid Deposit (mg. per sq. metre per day)		
			Undis-solved	Dis-solved	Total
Aldridge-Brownhills U.D.C.	Brownhills No. 2	1.9	105	67	172
..	No. 3	2.0	109	86	195
Cannock U.D.C.	No. 1	2.1	68	58	126
..	Cannock No. 9	1.9	109	66	175
..	No. 11	1.8	99	100	199
Cheadle R.D.C.	Cheadle No. 1	2.7	165	188	353
..	No. 2	2.7	80	184	264
Newcastle-u-Lyme B.C.	Newcastle No. 4	2.3	55	62	117
R.D.C.	Keele No. 1	1.8	52	59	111
Rugeley U.D.C.	Rugeley No. 9	1.9	147	63	210
Stone R.D.C.	Stone No. 27	—	—	—	—
..	No. 29	1.1	106	200	306
..	No. 30	1.1	83	139	222
..	No. 35	2.4	47	68	115

It will be noted that by a change in policy by the Department of Scientific and Industrial Research, the units for rainfall have been changed from inches per year to millimetres per day and the units for the deposit from tons per square mile per year to milligrammes per square metre per day.

ROAD SAFETY ACT, 1967

Persons who may be charged with an offence under the Act are provided by the Police with part of the sample of blood or urine.

The County Laboratory provides a service whereby such persons may, for a fee, fixed by the County Council, have such samples examined for alcohol content.

During the year, the following results were obtained:—

<i>Lab. Ref.</i>					<i>Blood Alcohol, mg./100 millilitres</i>
A.69/2	..	..	..	..	189
A.68/3	..	..	..	..	51
A.68/4	..	..	..	..	66
A.68/7	..	..	..	..	131
A.68/8	..	..	..	..	95
A.68/9	..	..	..	..	353
A.68/10	..	..	..	..	25
A.68/11	..	..	..	..	52
A.68/12	..	..	..	..	175
A.68/13	..	..	..	..	300
A.68/14	..	..	..	..	72
A.68/15	..	..	..	..	84
A.68/16	..	..	..	..	76
A.68/19	..	..	..	..	174 (Urine)
A.68/20	..	..	..	..	52
A.68/21	..	..	..	..	208
A.68/22	..	..	..	..	245
A.68/23	..	..	..	..	61
A.68/24	..	..	..	..	135
A.68/25	..	..	..	..	148

The limits prescribed by the Act are 80 mg./100 millilitres of blood and 107 mg./100 millilitres of urine.

WATERS, EFFLUENTS ETC.

DRINKING WATER

Of the 122 samples of drinking water, four were considered to be of unsatisfactory sanitary quality, none of these were public supplies.

NITRATES IN DRINKING WATER

Mention was made in the 1967 Annual Report of the undesirable nature of waters containing more than 20 p.p.m. of nitrates for consumption by infants under 12 months of age, because of the formation of methaemoglobin in the blood.

Three such waters were received during 1968.

<i>Lab. Ref.</i>	<i>Source</i>		<i>Nitrate N</i>
W.68/139	..	Stone R.D.C.	.. 26 p.p.m.
W.68/384	..	Tamworth B.C.	.. 24 p.p.m.
W.68/425	..	Stone R.D.C.	.. 28 p.p.m.

METALLIC CONTAMINATION OF DRINKING WATER

Lead

The World Health Organisation International Standard for lead in drinking water is 0.05 p.p.m., but a sample of water from a school was found to contain 0.3 p.p.m. (Ref. W.68/529).

Examination of a sample drawn direct from the tap (Ref. W.68/530) showed lead to be absent and the source of the lead was traced to a tinned copper storage vessel. The tin coating of the vessel was satisfactory, but it was found that excessive amounts of a high lead solder had been used in the manufacture of the vessel.

Iron

Traces of iron are present in most water supplies and there is no evidence that such amounts of iron are harmful, indeed some spa waters which are claimed to be beneficial contain so much iron as to be strongly coloured.

Nevertheless, treatment to reduce the iron content of a water containing more than 0.3 p.p.m. is desirable for reasons of palability and the avoidance of iron stains when used for laundry purposes. Amounts in excess of 0.5 p.p.m. are considered to render the water unfit for domestic use.

Nine waters contained excessive iron.

<i>Lab. Ref.</i>		<i>Source</i>		<i>Fe p.p.m.</i>
W.68/159	..	Stafford Borough	..	12.0
W.68/199	..	County	..	1.0
W.68/221	..	Cheadle R.D.C.	..	7.0
W.68/285	..	Cheadle R.D.C.	..	1.8 *
W.68/362	..	County	..	1.4
W.68/384	..	Tamworth B.C.	..	1.1
W.68/391	..	Cheadle R.D.C.	..	0.4 †
W.68/430	..	Tutbury R.D.C.	..	5.5
W.68/501	..	Cheadle R.D.C.	..	0.5
W.68/550	..	County	..	1.2

* Contained, in addition, 489 p.p.m. of iron in suspension.
† Contained, in addition, 8.3 p.p.m. of iron in suspension.

Copper

Copper is rarely present in natural waters, but traces are sometimes found in domestic supplies, particularly where a copper plumbing system is installed. Relatively high amounts sometimes occur in such circumstances and give rise to complaints of greenish deposits in kettles etc., but as the pipework ages in use the amount of copper found decreases.

The amounts of copper found in water are not likely to be harmful, and unlike lead, it is not a cumulative poison and the World Health Organisation considers that up to 1.0 p.p.m. of Copper is acceptable.

Traces of Copper of the order of 0.1 p.p.m. in waters does, however, result in corrosion of galvanised pipes and tanks. Even such minute traces as 0.02 p.p.m. may result in severe pitting and corrosion of aluminium vessels if the water is hard, but up to 1.0 p.p.m. may be present in soft waters without adverse effect.

To avoid this corrosion, where copper plumbing is present, aluminium vessels should never be filled from the hot water supply and the main cold supply should be run first for a few minutes to flush any dissolved copper from the pipes.

The amounts of copper found during the year ranged, usually, from nil to 0.3 p.p.m. with the greater majority of samples at the lower end of the range.

Two samples, however, had higher amounts.

<i>Lab. Ref.</i>	<i>Source</i>	<i>Cu p.p.m.</i>
W.68/158	.. Stafford Borough ..	1.9
W.68/159	.. Stafford Borough ..	40.0

Both of these samples came from the same source and were submitted following a complaint of discoloration.

Zinc

Zinc is rarely present in natural waters, but is met occasionally in water supplies from the use of galvanised iron equipment. While the amounts likely to be found in waters are not likely to be harmful, and Zinc is not a cumulative poison, there are reports in the literature of sickness due to zinc from the drinking of soft rain water collected and stored in galvanised tanks.

The World Health Organisation considers that 5.0 p.p.m. of Zinc is the acceptable maximum.

Few waters examined in 1968 contained more than very small traces of Zinc, and none exceeded this limit of 5.0 p.p.m. The highest amount found being 4.0 p.p.m.

Hardness

Many of the water supplies of Staffordshire are very hard with amounts up to 400 p.p.m. as normal and although no exception can be taken to such waters on health grounds, such waters cause considerable wastage of soap and form scale in heating systems. Two waters, however, were considered to be excessively hard:—

<i>Lab. Ref.</i>	<i>Source</i>	<i>Hardness as CaCO₃</i>	
		<i>Total</i>	<i>Carbonate</i>
W.68/430	.. Tutbury R.D.C. ..	1,970	180
W.68/556	.. Stone R.D.C. ..	1,800	180

Such waters usually contain high amounts of sulphates and may cause stomach upsets to persons not accustomed to the supply.

A survey of the hardness of Staffordshire waters is being made and the results will be presented in the Annual Report for 1969.

EFFLUENTS

As an inland County, Staffordshire has not the convenient facility possessed by coastal areas of discharging effluents into the boundless ocean, but has to make the discharges into natural watercourses, many of which are of small flow.

A high standard is, therefore, essential and continued vigilance is necessary to this end and the examination of effluents is now the major work of the Water Examination Section of the County Laboratory.

If it had not been for the difficulties experienced in the Health Department, due to staff shortages and the outbreak of Foot and Mouth disease which curtailed access to many works, the proportion of effluent samples would have been even higher.

In some areas the disposal of trade effluents is particularly difficult in that only limited amounts can be catered for by municipal sewage treatment plants originally designed for the treatment of domestic sewage. Sometimes, a trade waste may be given a preliminary treatment at the point of origin, *e.g.* by coagulation, sedimentation, adjustment of pH etc., that may render it acceptable, but occasionally it is necessary to ban completely its entry into the sewerage system. Such unacceptable materials are then disposed of by the industrial concern contracting with firms who specialise in such matters and who transport the material to specially approved disposal sites, such as disused mine workings etc. There have, however, been instances—two cases that were investigated are mentioned elsewhere in this Report—in which unprincipled persons have chosen to dump the material without authority at the first opportunity, resulting in considerable expenditure of public money in order to alleviate the public nuisance created.

It is suggested that stricter control of such disposals may become necessary, perhaps by requiring the outlets of the tank lorries used being sealed in such a way that they could be opened only at their correct destination.

An interesting development in domestic sewage disposal was the utilisation of the Pasveer Ditch Method, introduced in the Borough of Tamworth, to cope with increased sewerage flow from a new housing development until such time as a conventional disposal works was completed.

The method, as the name indicates, is basically a large ditch equipped with means of mechanical agitation of the contents. The aim is to build up the suspended solids of the contents of the ditch to about 4,000 p.p.m., which solids bring about the oxidation of the effluent in much the same manner as the more sophisticated activated sludge process.

By the regular analysis of samples, the County Laboratory was able to advise the Authority of progress and a simple test was devised by which the amount of suspended solids could be measured at the site, and thus controlled.

The process has proved to be very successful and produces an effluent of very high quality.

SWIMMING BATH WATERS

The increase in the number of swimming bath waters examined in 1967 was maintained in 1968.

The following criteria have been adopted in assessing the quality of swimming bath waters, where a full analysis is not carried out.

pH

The optimum figure is 7.5-8.0, if lower the free chlorine tends to become irritant to bathers' eyes and if higher (*i.e.* more alkaline) complaints of unpleasant odours are likely.

Total Alkalinity

Not less than 200 p.p.m. as CaCO_3 . This is more important where gaseous chlorination is used.

If this reserve of alkali falls too low, pH control becomes difficult and any sudden necessity to dose heavily with chlorine gas may cause the water to go acid.

Free Residual Chlorine

The usually recommended level is 0.2-0.5 p.p.m. but up to 2 p.p.m. is considered to be acceptable as it affords increased protection and is unlikely to cause complaints if the pH is kept in the optimum range.

Total Residual Chlorine

The sum of the Free and Combined Chlorine. Combined Chlorine, *i.e.* that in combination with ammonia or other nitrogen-containing substances, in the water is much less effective than Free Chlorine. The presence of such Combined Chlorine is usually associated with a build-up of organic matter in the water.

Four waters were reported as of unsatisfactory sanitary quality.

Six waters had insufficient Free Chlorine, ranging from 0.1 p.p.m. to nil and ten had excessive amounts of Free Chlorine, ranging from 2.7 to 12.5 p.p.m.

pH control, in general, was good with only a few samples being marginally outside the optimum range.

MISCELLANEOUS SAMPLES

Special Investigations

COUNTY

Detergents

Ten samples of synthetic detergents and eleven samples of soap were examined for the Education Department (School Meals Service) with reference to the placing of contracts.

One sample was submitted by the Health Department following a complaint of dermatitis. The composition was normal for a concentrated product and it was considered that the trouble had arisen because it had not been fully appreciated that it should not be used greater than the recommended strength.

Copper Pipe

Sections of recently installed copper water pipe were examined for the Architect's Department following the development of leaks in a newly installed plumbing system in a School.

This was identified as a manufacturing fault, due to failure to remove oil from the pipe before the annealing process.

When copper pipe is made, it is necessary to lubricate the dies with oil, but if this oil is not removed before the annealing process, the oil

becomes carbonised. In the presence of water, electrolytic action takes place between the copper and the carbon and the copper dissolves producing a characteristic hole in the pipe.

Deposit from Swimming Bath

Two deposits from a swimming bath (Health Department) were found to consist of siliceous matter and debris, due in all probability to a breakdown in the filtration plant.

Growth from Wall of House

The growth was identified as a Bracket Fungus of the Polyporaceae type together with Penicillium mould (Estates Department).

Dust

Dust that had been deposited in the vicinity of a power station was found to contain material typical of a coal-fired furnace (Health Dept.)

Anti-freeze

A sample of anti-freeze (Surveyor's Department) was found to comply with the appropriate British Standard Specification.

Soil

Seven samples of "soil" from colliery waste tips (Planning Department) were examined for plant nutrients with the following results:—

<i>Lab. Ref.</i>		<i>N</i>		<i>P₂O₅</i>		<i>K₂O</i>
M.68/53	..	0.18 %	..	trace	..	0.04 %
M.68/54	..	0.06 %	..	„	..	0.03 %
M.68/55	..	0.05 %	..	„	..	0.03 %
M.68/56	..	0.20 %	..	„	..	0.02 %
M.68/57	..	0.11 %	..	„	..	0.03 %
M.68/58	..	0.22 %	..	„	..	0.01 %
M.68/69	..	0.27 %	..	„	..	0.02 %

STOKE-ON-TRENT

Detergents

Ten samples of synthetic detergents were examined with reference to the placing of contracts.

Petrol/Oil Mixture

A sample of Petrol/Oil Mixture for use in a two-stroke engine was found to be a 25:1 mixture instead of 20:1. It was considered, however, that this small difference was unlikely to be the reason for the failure of the engine.

Grit

The general character of the grit was consistent with it being the emission of a furnace using pulverised coal fuel.

STAFFORD BOROUGH

Insects

Submitted following complaints in the Spring of swarms of flies. The insects were identified as Fungus Gnats (family Mycetophilidae) and St. Mark's Flies (family Bibionidae).

These insects are abundant in the Spring and are noted for their habit of swarming. They are harmless.

Insects

Insects that were constituting a nuisance in a block of flats were identified as Cluster Flies, *Pellenia Rudis* (family Calliphoridae). These insects enter buildings at the onset of Winter and get their common name from their habit of collecting together in clusters.

NEWCASTLE-UNDER-LYME

Grit

Three samples of deposits from window sills and a fence were examined following a complaint of atmospheric pollution. The material was of a heterogeneous nature, including growths of algae but part of the material had the characteristics of that which might be expected from an industrial installation using pulverised coal fuel.

OTHER AUTHORITIES:

ALDRIDGE-BROWNHILLS U.D.C.

Toy

A toy consisting of a whistle attached to a brightly coloured yellow string was submitted following a complaint of staining from the dye. The dye was found to be very readily soluble in cold water and the opinion was given that only fast dyes should be used for toys.

CHEADLE R.D.C.

Human Hair

It had been alleged that a child's hair was infested with 'nits'. The protuberances on the hairs that had the appearance of nit eggs were found, however, to be simply knots caused by the tangling of the hair.

Dust

Dust was suspected of being caused by operations including the use of cement or lime. The material consisted of carbonaceous matter and calcium silicate together with small amounts of iron and aluminium. There was no conclusive evidence of the presence of cement or lime.

KIDSGROVE U.D.C.

Contents of Drum

Material that had been dumped at a disused colliery had resulted in many complaints of an offensive odour. The material was identified as an organic substance of the Thiocyanate class, as used for vulcanising rubber.

LICHFIELD CITY

"Insects"

"Insects" that had become a nuisance in a private house were identified as crustacea of the order Isopoda, commonly known as wood lice.

LICHFIELD R.D.C.

Deposit

An offensive material that had been deposited overnight in a field was found to consist of putrified animal matter heavily infested with blow-fly larvae. Microscopic examination revealed the presence of numerous fragments of feathers and it was suggested that the material was waste matter from a place where poultry was processed.

STONE R.D.C.

Deposit from Snow

A darkly coloured matter that had been observed on freshly fallen snow was identified as general vegetable and mineral debris, the constituents of ordinary 'dust'.

Grit

Grit that was being deposited in the area was found to be of the type that is associated with furnaces using pulverised coal fuel.

PRIVATE

Paint Scrapings

Discoloration of the paint was found to be due to a growth of mould, probably of the *Alternaria* type.

Milk

A request for help from a farmer because the quality of his milk had been questioned by the Milk Marketing Board. It was found to be below standard and there was evidence that a small amount of water had gained access to the milk.

Soil from Excavations

Four samples of soil taken from successive levels during trial excavations for foundations were submitted for examination by a building contractor because of their unusual appearance.

The surface layer consisted almost entirely of peat, lower layers contained varying amounts of peat and soil with numerous diatoms, but the lowest layers were composed almost entirely of the shells of fresh-water snails.

Petrol/Oil Mixture

A sample of Petrol/Oil Mixture from a two-stroke engine that had failed in service was found to be the specified mixture of 20:1.

TOXICOLOGY

COUNTY

Pig Swill

Kitchen waste that had been fed to pigs, a number of which had died, was found to contain 700 p.p.m. of Zinc, equivalent to 2,100 p.p.m. on the dry matter.

The material contained plums and possibly other acid fruits and enquiries showed that it had been kept in galvanised iron bins.

STOKE-ON-TRENT

Food Poisoning

Two meat pies and a sample of ham in connection with two isolated cases of food poisoning, were found to be satisfactory.

Plastic

A powdered plastic used for forming a coating on wire food trays was found to consist of a thermoplastic substance containing Titanium Dioxide as an opacifier. It was considered to be satisfactory for the purpose.

Drinking Mug

Following adverse reports on the glaze of drinking mugs that contained soluble compounds of lead and copper (see 1967 Annual Report), a further sample was submitted which had been glazed with a new material.

The test that has been devised for this examination is to place 250 mls. of a 0.25 % solution of Citric Acid in the vessel and to measure the lead and copper content of the solution at intervals.

With the new glazing, the lead content of the solution was 0.035 p.p.m. after 1 hour, 0.05 p.p.m. after 24 hours, and still only 0.15 p.p.m. after 6 days. No copper was extracted.

The same make of mug when tested previously yielded in 1 hour 5.2 p.p.m. of lead and 7.5 p.p.m. of copper.

STAFFORD BOROUGH

Lead Poisoning

As a result of the diagnosing of chronic lead poisoning in the child of an immigrant family, 13 specimens of various materials were examined in an attempt to locate the source of the lead, without success. It is strongly suspected that a cosmetic preparation containing lead sulphide had been used, but none could be obtained for examination.

CANNOCK R.D.C.

Food Poisoning

A jar of pickles that was implicated in an isolated outbreak of food poisoning was of normal composition and free from contamination.

PRIVATE

Lead Poisoning

The covering of an electrical cable that was suspected of being the cause of lead poisoning was found to contain a considerable amount of lead, apparently as 'red lead'.

Drinking Mug

The licensee of a public house was concerned that a customer was taking drugs on his premises, as the customer had been seen to add something from a packet to a mug of cider, that he had purchased, and which had made the cider turbid.

Examination of the small amount of residue in the mug failed to reveal the presence of any drug. The residue did, however, contain a higher amount of sugar than would be expected from cider, together with fibres of jute and some yeast.

Subsequent investigations revealed that it is the custom of a certain section of the community to drink cider with the addition of unrefined brown sugar, and it was evident that this is what the customer had done.

MASS RADIOGRAPHY

I am grateful to the Directors of the Mass Miniature Radiography Units at Stoke-on-Trent and Wolverhampton for providing reports of their work during 1968 from which the following information has been extracted:—

STOKE-ON-TRENT MASS RADIOGRAPHY SERVICE

During the year the one million mark of 'primary' X-rays taken since the inception of the Unit in 1952 was reached. There was no time to celebrate but the fact seems worth while recording. The number of X-rays taken in 1968 was slightly higher than in 1967, which was mostly due to a gratifying increase in General Practitioners' referrals. On the other hand, only the dermatologists used the routine service for Out-patients. It is difficult to understand why consultants of a large Central Out-patients' Department do not make more use of this service, especially in view of the shortage of radiologists in the district.

Officially the mobile unit took over the area previously covered by the Wolverhampton mobile unit in July, 1968. In practice, however, the effect of this change was felt only in 1969 and the results of the few surveys in the Wolverhampton area will be shown for 1968 in the report of the Wolverhampton Chest Radiology Service.

RESPIRATORY TUBERCULOSIS

Eighty-four cases of tuberculosis in need of treatment or close supervision were detected during 1968, as against 81 during the preceding year. About three-quarters of that number were General Practitioner referrals and there were the usual high case-finding rates in Pakistanis. As was to be expected the fall in case-finding rates started to slow down considerably once it had been reduced below 2 per thousand in 1961. The 17 years reviewed statistically include the introduction of rational anti-tuberculosis drug treatment generally, widespread B.C.G. vaccination and improvements in living and housing standards. The case-finding rates by this service are still one third of what they were in 1952-54. The so-called eradication of tuberculosis in industrial Great Britain seems to be a long distance away. During the year the chest radiology service contributed 44% of new notifications from the Stoke Chest Clinic and 70% from the Central Out-patients' Department, which covers the area previously served by the Newcastle Chest Clinic. It is also noteworthy that 32% of all newly detected cases of active or clinically significant tuberculosis were below the age of 35 years and 50% below the age of 45 years.

PNEUMOCONIOSIS

The number of cases of Pneumoconiosis detected in North Staffordshire was 60 higher than during the preceding year. This was mostly due to a rise in coal miners' cases as a result of a survey at a large colliery.

A re-check of previous films of the remainder suggests that most of them were genuinely 'new' cases resulting from working conditions during the past 10-15 years. Admittedly many of these patients were little disabled but just the same the appearance of these early cases of pneumoconiosis clearly shows that there is still a considerable hazard in coal mines and in pottery manufacture. The most interesting case coming

to light during the year was that of a laundry worker who could not have acquired pneumoconiosis otherwise than by shaking out pottery workers' overalls before putting them into the washing machines.

LUNG CANCER

For the first time in 10 years the number of cases was lower, though only slightly, than during the preceding year (132 as against 141). This was entirely due to fewer cases in women compared with 1967. In men the slight shift towards the oldest age group and away from the younger men was maintained. Of the 114 cases who could be followed up only 19 were thought to be suitable for lobectomy or pneumonectomy.

OTHER CONDITIONS

As in previous years, there was a large number of cardiomegalies mostly due to degenerative diseases. The number of pneumonias and pneumonitis was very high. Most of these cases were followed up at the static unit until complete recovery. There was an increase in cases of sarcoidosis, especially in men.

FUTURE POLICY

With regard to the static unit, few changes can be expected but further efforts will be made to stimulate interest in the "Out-patients Scheme".

The mobile unit offers a service to general practitioners, Medical Officers of Health and to the general public in all the main centres of the northern part of its area. The taking over of the area previously covered by the Wolverhampton mobile unit has already resulted in a drastic reduction of industrial surveys in North Staffordshire. On the other hand, the requests for surveys by managements and works councils show no sign whatever of falling off and consequently a formidable waiting list" is now building up. At this point it must be mentioned that, unlike the National Coal Board, the Pottery Industry has no industrial medical service in the accepted sense, and with regard to pneumoconiosis the Stoke-on-Trent Mass Radiography Service still provides the most comprehensive statistics by which hygienic improvements can be measured in terms of biological effects. Originally it was planned to survey all pottery factories once every two years, but in future this will be possible only once every four years. As the result of new regulations the demand by Medical Officers of Health for the X-raying of persons in contact with children has considerably increased. A further curtailment of the mobile service in this area would not be in the interest of a population still exposed to specific respiratory hazards and would probably meet with strong opposition from many sources.

WOLVERHAMPTON MASS RADIOGRAPHY UNIT

Surveys were carried out in the four counties of Stafford, Hereford, Worcester and Salop during 1968 and the numbers X-rayed by the mobile unit decreased to just over 54,000. The Leyland unit operated from Wolverhampton until July but was thereafter put into reserve and the area was covered and staffed by the unit based at Stoke-on-Trent.

SURVEYS AT BASE

The numbers remained substantially unchanged and the twice-weekly sessions for general practitioner referrals continued as before, other periods being set aside for ante-natal patients, contacts, tuberculin positive children etc. Patients with acute inflammatory lesions were either brought back to the next out-patient clinic or recalled for further 100 mm. X-ray examination after a suitable interval.

TUBERCULOSIS IN THE AREA

The figures for those examined at the New Cross Static Unit showed a lower incidence of patients requiring close clinic supervision or treatment but the rate combining these with occasional supervision remained about the same.

TUBERCULOSIS AMONG ASIANS

The relatively high rate among new immigrants is to be noted. The total X-rayed rose from 3,674 to 4,486 but the number of cases of tuberculosis shows a moderate and welcome decline.

SPUTUM POSITIVE CASES

The Public Health Laboratory at Stafford examined most of the sputum specimens sent by patients from home and 40% of active cases had sputum which was positive on direct smear or culture. Sensitivity to anti-tuberculosis drugs was routinely tested and results forwarded. The lower percentage of sputum positive cases may reflect the incidence of hilar and paratracheal gland tuberculosis without significant lung involvement among Asian immigrants.

NON-TUBERCULOUS ABNORMALITIES

The pattern was much the same as in 1967 and the majority of the abnormalities were due to bacterial and virus infections. In this connection the Bacteriology Laboratory was most helpful in culturing sputum and giving an indication of the antibiotic sensitivity of the organisms. The rising incidence of carcinoma continues.

Patients with suspected abnormalities were recalled for further investigation to the next available out-patient clinic either at the Chest Radiology Centre or at New Cross Hospital Out-patient Department. Every endeavour was made to have a report on the 100 mm. film in the hands of the general practitioner within 48 hours or to notify him that his patient was being recalled.

Routine tuberculin testing of contacts and other young persons thought to be at risk was carried out each Monday morning by the Tuberculosis Health Visitors. The tests were read after three days and B.C.G. vaccination or X-ray undertaken as indicated. Over 90% of the work of the health visitors is concerned with immigrants and their contacts.

The close integration of the Mass Radiography Unit with all these services and the ready availability of the other hospital departments, particularly X-ray and Laboratory, is greatly to the benefit of the patients.

The help and co-operation of the factory managements, medical officers of health and their staff, chest physicians and general practitioners has been greatly appreciated.

INFECTIOUS DISEASES

The following statistical table relates to the notifiable infectious diseases and the deaths from the diseases among the home population during 1968.

Diseases	Notifications		Deaths	
	Urban	Rural	Urban	Rural
Scarlet Fever	266	82	—	—
Whooping Cough	117	89	—	—
Measles (excluding Rubella)	2,411	1,480	2	—
Dysentery	38	53	—	—
Meningococcal Infection	3	—	3	3
Acute Poliomyelitis—Paralytic	—	—	—	—
—Non-Paralytic	—	—	—	—
Diphtheria	—	—	—	—
Acute Pneumonia	45	60	242	173
Acute Encephalitis—Infective	3	—	—	—
—Post Infectious	1	1	—	—
Typhoid Fever	1	—	—	—
Paratyphoid Fever	1	1	—	—
Erysipelas	4	3	—	—
Food Poisoning	68	21	—	—
Smallpox	—	—	—	—
Tuberculosis—Respiratory	42	25	4	6
—Other	7	2	6	6
—Meninges and C.N.S.	—	—	—	—
—Cases of T.B. not notified before death	3	1	—	—
Puerperal Pyrexia	2	3	—	—
Ophthalmia Neonatorum	11	—	—	—
Anthrax	—	—	—	—
Lepto-Spirosis	—	—	—	—
Tetanus	—	—	—	—
Infective Jaundice	80	42	—	—
Yellow Fever	—	—	—	—

VENEREAL DISEASES

During the year 1,352 Staffordshire patients attended for diagnosis and treatment for the first time compared with 1,302 for 1967. It will be seen that in 1968, 1,113 of the persons who attended were found not to be infected and the corresponding figure for the previous year was 1,042.

TREATMENT CENTRE	Syphilis	Gonorrhoea	*Other Conditions	Total New Cases
Birmingham General Hospital	5	46	102	153
Burton-on-Trent General Hospital	2	1	16	19
Dudley Guest Hospital	—	2	6	8
Stafford (Staffordshire General Infirmary)	4	17	89	110
Stoke-on-Trent (Wellesley Street)	2	29	268	299
Walsall (Manor Hospital)	2	57	308	367
Wolverhampton Royal Hospital	4	68	324	396
TOTALS	19	220	1,113	1,352

* Non-venereal.

For comparative purposes the totals of the cases included in the foregoing table for the last thirty-four years have been extracted and are given below:—

Year	Syphilis	Soft Chancre	Gonorrhoea	Total Cases	Non-Venereal
1935	166	4	322	492	295
1936	137	6	294	437	341
1937	116	5	320	441	326
1938	133	3	302	438	344
1939	116	5	283	404	310
1940	126	1	244	371	348
1941	111	1	267	379	359
1942	134	2	266	402	512
1943	163	2	271	436	783
1944	171	2	273	446	791
1945	186	—	355	541	867
1946	275	2	451	728	1,180
1947	147	2	254	403	682
1948	177	4	219	400	904
1949	148	—	234	382	842
1950	85	—	178	263	824
1951	67	—	163	230	760
1952	54	—	136	190	666
1953	64	—	158	222	698
1954	51	—	109	160	707
1955	39	—	105	144	562
1956	46	—	117	163	531
1957	43	—	163	206	700
1958	43	—	148	191	650
1959	37	—	142	179	797
1960	28	—	121	149	960
1961	32	—	155	187	920
1962	29	—	194	223	978
1963	43	—	213	256	981
1964	34	—	227	261	1,042
1965	29	—	322	351	1,183
1966	28	—	261	289	1,113
1967	22	—	238	260	1,042
1968	19	—	220	239	1,113

MILK SUPPLY

MILK SAMPLING

The work of the Department in endeavouring to ensure a clean, wholesome and disease-free milk supply throughout the County was maintained, with a continued emphasis on untreated supplies. Unfortunately this, together with other aspects of the work, was of necessity curtailed to some extent in the first three months of the year under review, by the Foot and Mouth Disease epidemic which was prevalent throughout the County.

The Department continued to undertake the sampling of 'street' or retail milk throughout that part of the County area for which the County Council is the Food and Drugs Authority. These samples of milk are subject to appropriate statutory tests as follows:—

Untreated milks are examined bacteriologically for cleanliness (the Methylene Blue Test) and also biologically for the presence of tubercle bacilli and Brucella organisms.

Pasteurised milks are also subjected to the Methylene Blue Test and in addition are checked for the efficiency of the pasteurisation process (the Phosphatase Test).

Sterilised milks are examined for the efficiency of heat processing (the Turbidity Test).

Ultra Heat Treated milks must comply with the Colony Count Test.

There are indications nationally that Ultra Heat Treated milk, whilst still a comparative newcomer to the market, is becoming a commercial success and sales are on the increase. It is not yet, however, processed within the County.

Details of these samples appear in Table I.

LEGISLATION

The principal legislation relating to milk are The Milk and Dairies (General) Regulations, 1959 and the Milk (Special Designation) Regulations, 1963, and in accordance with the requirements of these statutes the following licences were in force at the year end within the County:

MILK PASTEURISING AND STERILISING PLANTS

1 firm held a Dealer's (Pasteuriser's) and a Dealer's (Steriliser's) Licence;

3 firms held a Dealer's (Pasteuriser's) Licences.

All these plants were visited regularly and the premises and plant inspected. In addition to the collection of routine milk samples therefrom, samples of washed bottles were taken from the first plant and two of the other three. The fourth dairy supplied milk only in churns and cartons.

MILK DEALERS' LICENCES

The number of licences issued at the end of the year was:—

Dealers' (Pre-packed Milk) Licences	..	1,243
Dealers' (Untreated Milk) Licences	..	5

BIOLOGICAL TESTING

The Department continued to undertake the collection of retail untreated milk samples for biological examination. Unsatisfactory sample results were notified to the District Councils concerned, for appropriate local action.

Biological tests on these untreated supplies were conducted for the presence of tubercle bacilli and *Brucella* infection and although the former has now diminished to nil, *Brucella abortus* on the other hand continues to become more prominent in the public eye.

As a result of the Ministry of Health Circular 17/66 issued in late October of 1966, herd samples of all milk which was sold for retail consumption as 'Untreated Milk' were taken at monthly intervals.

Following the notification to local authorities of retail milk being infected with *Brucella abortus*, in only one case was legal action necessary by a local authority against a producer/retailer for selling milk from his own herd while it was subject to a restriction notice for a *Brucella* infection and the defendant was fined £25 and 10 guineas costs.

Details of samples submitted for the presence of *Brucella* organisms and Tubercle bacilli are given in Table II.

TABLE I
Summary of Street or Retail Milk Samples Collected (i.e. excluding Samples from Schools, Institutions, &c.)
1st January — 31st December, 1968

TYPE OF MILK	Total Samples Taken	Methylene Blue Test (for Cleanliness)					Phosphatase Test (for correct Pasteurisation)		Turbidity Test (Sterilised Milk)		Colony Count Test (U.H.T. Milk)	
		Samples Void	Samples Examined	Result	% 1968	% 1967	Samples Examined	Result	Samples Examined	Result	Samples Examined	Result
Untreated ..	1,052	60	992	Passed 901 Failed 91	90.8	90.0	—	—	—	—	—	—
Pasteurised ..	2,953	48	2,905	Passed 2,831 Failed 74	97.5	96.5	2,953 % Satis.	Passed 2,953 Failed — 1968 100.0 1967 99.5	—	—	—	—
Sterilised ..	24	—	—	—	—	—	—	—	24	Passed	—	—
Ultra Heat Treated	33	—	—	—	—	—	—	—	—	—	33	Passed
TOTALS ..	4,062	108	3,897	Passed 3,732 Failed 165	95.8	94.2						

Unsatisfactory samples of Pasteurised milk processed at dairies licensed by the County Council are investigated by the County Health Inspectors for both Methylene Blue and Phosphatase test failures. Where the dairy is not licensed by the County Council, samples which fail the tests are reported to the Medical Officer of Health of the licensing authority concerned, for appropriate action.

TABLE II
Table of Biological Results

Brucella abortus					Tubercle bacilli	
Untreated Milk	Total Samples Examined	Ring Test POSITIVE	Direct Culture POSITIVE	Biological POSITIVE	Total Samples Examined	Biological POSITIVE
Street/Retail	1,091	82	12*	22	290	Nil
Schools	17	Nil	Nil	Nil	3	Nil
School Canteens, ..	5	Nil	Nil	Nil	2	Nil
Private Schools and Colleges, and S.C.C. Premises } ..	42	Nil	Nil	Nil	11	Nil
TOTALS	1,155	82	12	22	306	Nil

* Of these 12 samples 8 were further reported Positive on the Biological Test and are included in the total of 22. The B.A. Positive samples therefore total 26, 5 of which were from the herds of three producers outside Staffordshire County Council area.

INFORMAL FOOD AND DRUGS SAMPLING

The Department continued to undertake, as an administrative convenience, the routine sampling of milk from retail sources and from schools and school canteens, institutions, etc. for informal examination under the Food and Drugs Act. These samples were examined for the percentage of fat and solids-not-fat and for the presence of added water, the results being notified to the Chief Inspector of Weights and Measures.

Details of these samples, from all sources, are as follows:—

Untreated	..	179	(8 unsatisfactory— deficient in fat)
Untreated	..	44	(3 unsatisfactory—deficient in fat)
(Channel Island)			
Pasteurised	..	1,464	(6 unsatisfactory—3 deficient in fat —3 containing added water)
Pasteurised	..	147	
(Channel Island)			
Sterilised..	..	24	(1 unsatisfactory — containing added water)
Ultra Heat Treated		16	
<hr/>			
Total ..	..	1,874	(18 unsatisfactory)

The eighteen unsatisfactory informal samples were followed up by the Chief Inspector of Weights and Measures, who reported as follows:—

<i>Designation</i>	<i>Results of repeat samples and action taken</i>
Pasteurised Milk—Homogenised	Genuine
Pasteurised Milk	Genuine
Pasteurised Milk	Genuine
Untreated Milk	Genuine
Untreated Milk	Deficient in fat—Proved by ‘Appeal-to-Cow’ samples to be naturally poor.
Untreated Channel Islands Milk	Genuine
Untreated Milk	Genuine
Untreated Jersey Milk	Genuine
Untreated Milk	Added water. Deficient in fat—proved by ‘Appeal-to-Cow’ samples to be naturally poor. Written caution by Chief Inspector in respect of added water.
Untreated Milk	Genuine
Untreated Milk	Genuine
Pasteurised Milk }	Added water—legal proceedings instituted. Fined £35 together with £33 3s. costs.
Pasteurised Milk }	
Pasteurised Milk	Genuine
Sterilised Milk	Genuine
Untreated Milk	Deficient in fat — repeat sample ‘Genuine’.
Untreated Channel Islands Milk	Genuine
Untreated Milk	Genuine

HYPOCHLORITES IN MILK

Samples of milk continued to be examined for the presence of hypochlorites (chemical agents used in the sterilisation of bottles, churns, dairy plant, etc.).

Details are as follows:—

Untreated	..	..	..	132
Untreated Channel Island	..			31
Pasteurised	..	..	..	97
Pasteurised Channel Island	..			16
Sterilised	..	..	..	8
				<hr/>
Total	..	..	..	284 (all satisfactory)

ANTIBIOTICS IN MILK

The routine sampling of milk supplies to determine the presence of antibiotics, commenced in late 1965, continued throughout the year under review. The decline in the number of ‘positive’ samples which was noted after the introduction in April, 1966 of the Milk Marketing Board’s price penalty clause which operates against farmers where milk is found to contain antibiotic, was maintained.

In the one case which proved to have a ‘positive’ result, the circumstances were investigated but no legal action was taken.

The figures for 1968 are given below in comparison with those for 1966 and 1967 and again show a decrease in total samples examined due to the epidemic of Foot and Mouth Disease which restricted sampling procedure.

Year	Total Samples Taken	Total ‘Positive’ Samples	Range of ‘Positive’ Samples
1968	180	1	0.075 international units penicillin
1967	202	4	0.05 to 0.5 international units penicillin
1966	288	17	‘Slight trace’ to 0.05 international units penicillin

MILK IN SCHOOLS SCHEME

At the end of the year under review, the position regarding the numbers of school children receiving milk and the type of milk supplied under the Milk in Schools Scheme to the various schools in the Administrative Area (excluding Newcastle Excepted District) was as shown in Table III.

TABLE III

MAINTAINED SCHOOLS

Type of Milk	Schools sampled by Staffs. C.C.		Schools in the Areas of the Food & Drugs Authorities of Cannock U.D. Stafford M.B. (not sampled by Staffs. CC)		No. of children supplied (figures supplied by Education Dept.)
	No. of Suppliers	No. of Schools supplied	No. of suppliers	No. of Schools supplied	Totals
Pasteurised	27	389	3	49	55,312
Ultra Heat Treated	1	8	—	—	175
Untreated	2	2	—	—	40
Total	30	399	3	49	55,527

NON-MAINTAINED SCHOOLS

Pasteurised	11	16	3	3	1,203
Totals for all schools	41	415	6	52	56,730

All supplies are subject to the approval of the County Medical Officer of Health. Normally a supply of Pasteurised milk is insisted upon if such is available, although where this is not practicable Untreated milk is approved. However, from the beginning of the Autumn Term of 1967, arrangements were satisfactorily concluded to supply certain schools in the more remote northern parts of the County with Ultra Heat Treated milk in lieu of Untreated supplies which had proved unreliable for one reason or another. One surprising fact to emerge from this change to U.H.T. milk was its popularity amongst pupils who, in the main, have been born and brought up in a rural area where 'raw' milk is consumed almost exclusively.

SAMPLING

School milk supplies were sampled regularly, every supply being sampled at least twice a term, and an attempt was made to sample every school at least once a year.

School milk samples were subjected to the same tests as the street and retail supplies.

Details of these appear in Table IV.

GENERAL

In addition to samples taken under the foregoing heads, samples of milk were also taken during the year from S.C.C. School Canteens, Hospitals, Children's Homes, County Council Premises, Day Nurseries, Play Groups and certain Private Schools and Colleges, and were subjected to the same tests as other supplies.

Details of these samples appear in Table V.

GLASS ETC. IN SCHOOL MILK

Three incidents concerning the discovery of glass inside bottles of school milk were reported to the Department during the year. In addition, there were 17 complaints involving miscellaneous foreign bodies, dirty or damaged bottles.

All these incidents were fully investigated and the matters taken up with the dairies concerned. No legal proceedings were instituted.

It is certain that the problem of glass, etc. in milk bottles will continue as long as milk continues to be ‘packaged’ in glass, although there are encouraging signs from the dairy industry that its eventual replacement by pre-formed plastic containers may not be too far distant. In the interim, the use of waxed paper cartons is to be preferred and any change from other than glass containers back to glass bottles can only be regarded as a retrograde step.

SUMMARY

The following is a summary of routine samples collected by the Department during the year:—

Street/Retail Milks	..	..	..	4,062
Schools	..	..	..	792
School Canteens	..	..	..	415
Hospitals, Homes, etc.	..	..	..	364
“Food and Drugs” (Milk)	..	..	..	1,874
“Hypochlorites”	..	..	..	284
“Antibiotics”	..	..	..	180
Ring Test only	..	..	..	41*
Bottle Rinsings	..	..	..	410
Total	..	..	..	8,422

*This figure of 41 is included in the total of 1,155 in Table II.

MISCELLANEOUS MATTERS

The routine inspection work of the Department continued to embrace schools and other establishments under the control of the County Council, with particular reference to kitchens, canteens, food inspection, water supplies, especially in rural areas, swimming baths, and general sanitation, including small sewage disposal works.

All school swimming baths were inspected by the County Health Inspectorate as a matter of routine at least once per term and tests were conducted on the spot to determine both chlorine and pH content of the water. Advice on the operation of the bath was given to caretakers as and when necessary and special attention was paid to new baths or in cases where difficulties were experienced.

A total of 28 samples were taken for bacteriological examination, of which 24 were satisfactory, and 4 were unsatisfactory.

A total of 7 samples were taken for chemical analysis, of which 5 were satisfactory, and 2 was unsatisfactory.

TABLE IV
Summary of School Milk Samples
1st January — 31st December, 1968

TYPE OF MILK	Total Samples Taken	Methylene Blue Test (For Cleanliness)				Phosphatase Test (For correct Pasteurisation)		Colony County Test (U.H.T. Milk)
		Samples Void	Samples Examined	Result	% 1968	% 1967	Samples Examined Result	
Untreated	17	1	16	Passed 14 Failed 2	87.5	87.0	— —	— —
Pasteurised	740	18	722	Passed 694 Failed 28	96.1	97.3	740 % Satis. Passed 740 Failed Nil 1968 100 1967 100	— —
Ultra Heat Treated ..	35	—	—	—	—	—	— —	35 Passed 32 Failed 3
TOTALS	792	19	738	Passed 708 Failed 30	95.9	97.0		

Unsatisfactory samples of Pasteurised milk processed at dairies licensed by the County Council are investigated by the County Health Inspectors for both Methylene Blue and Phosphatase test failures. Where the dairy is not licensed by the County Council, samples which fail the tests are reported to the Medical Officer of Health of the licensing authority concerned, for appropriate action.

TABLE V
Summary of Milk Samples from School Canteens, Hospitals, &c.
1st January — 31st December, 1968

TYPE OF MILK	Total Samples Taken	Methylene Blue Test (for Cleanliness)				Phosphatase Test (for correct Pasteurisation)	
		Samples Void	Samples Examined	Result	% 1968	% 1967	Samples Examined Result
Untreated 	45	—	45	Passed 31 Failed 14	68.9	89.2	— —
Pasteurised 	734	5	729	Passed 723 Failed 6	99.2	98.8	734 Passed 734 % Satis. Failed Nil 1968 100% 1967 99.8%
TOTALS 	779	5	774	Passed 754 Failed 20	97.4	98.3	

Unsatisfactory samples of Pasteurised milk processed at dairies licensed by the County Council are investigated by the County Health Inspectors for both Methylene Blue and Phosphatase test failures. Where the dairy is not licensed by the County Council, samples which fail the tests are reported to the Medical Officer of Health of the licensing authority concerned, for appropriate action.

During the year, 5 new school swimming baths were opened.

The position at the end of the year was, therefore, as follows:—

11 schools had open air (heated) baths equipped with purification plants;

2 schools had fill-and-empty type baths which are hand chlorinated;

15 schools had covered baths equipped with purification plants.

The schools which have their own swimming baths comprise the following:—

16 Secondary Schools

5 Primary Schools

6 Special Schools

1 Training College

During the year, the County Health Inspectorate again regularly sampled rural school water supplies for purity and, where applicable, the efficiency of the chlorination equipment and technique.

A total of 19 samples were taken for chemical analysis, of which

16 were satisfactory, and

3 were unsatisfactory.

A total of 34 samples were taken for bacteriological examination, of which

20 were satisfactory, and

14 were unsatisfactory.*

(*This figure includes samples taken from known or suspected polluted supplies as a check against the efficiency of the sterilisation measures.)

The situation at the end of the year was as follows:—

4 schools were sterilising their own local supply;

3 schools were receiving private mains water;

2 schools were receiving public mains water by container;

1 school was receiving untreated water from its own borehole.

SCHEMES OF WATER SUPPLY, SEWERAGE AND SEWAGE DISPOSAL

For the financial year 1967-68 a sum of £132,767 was contributed by the County Council to District Councils towards the cost of water supply, sewerage and sewage disposal schemes.

During the year, a water supply scheme estimated to cost £2,386 and sewerage and sewage disposal schemes estimated to cost £1,979,099 were submitted to the County Council for grant purposes and were considered by the Health Department.

Applications for grants were made under the Rural Water Supplies and Sewerage Acts, 1944-55 and/or under Section 56 of the Local Government Act, 1958. Details of the various schemes considered during the are as follows:—

Water Supply Scheme

UTTOXETER RURAL DISTRICT

Extension of Water Main—Wood Edge, Draycott-in-the-Clay

This scheme, estimated to cost £2,386, is to provide a small mains extension to six properties in the Wood Edge area of the Uttoxeter Rural District. The existing supplies are from wells which are known to be polluted.

The scheme was recommended for approval.

Schemes of Sewerage and Sewage Disposal

LICHFIELD CITY

Reconstruction of Tamworth Road Pumping Station and provision of additional Pumping Plant

This scheme, estimated to cost £1,325, is to improve the pumping facilities at the Tamworth Road pumping station to deal with the greatly increased volume of sewage now reaching that particular pumping station. Existing pumps are incapable of dealing with the flow and excessive overflow from the pump-wells reaches the adjoining watercourse.

The scheme, forming part of the overall scheme for the reconstruction of the sewage arrangements in the City of Lichfield, was recommended for approval subject to the submission of certain technical details.

TAMWORTH BOROUGH

Bolehall and Glascote Surface Water Outfall Sewer

This scheme, estimated to cost £68,000, is to provide for the surface water sewerage of some 370 acres in the Glascote and Bolehall district of Tamworth. The scheme is needed because of the continued development of the area, causing existing sewers to become overloaded in times of heavy rain and leading to flooding in various places.

The scheme was recommended for approval.

Hockley, Dosthill and Mount Pleasant Sewerage— Contract No. 3

This scheme estimated to cost £112,000, is part of the overall re-sewerage scheme for Tamworth and provides for new lengths of sewer ranging from 12" to 14" diameter, almost a mile of 15" rising main, as well as storm overflows and a pumping station. A very old, overloaded and inefficient sewage disposal works near Hockley would be abandoned and the flow would be treated at the Tamworth Borough main sewage disposal works.

The scheme was recommended for approval.

Amington Sewerage—Contract No. 4

This scheme estimated to cost £150,000, is to provide a new foul sewer ranging from 12" to 30" diameter, a rising main and a 36" diameter surface water sewer and canal crossing. The sewer will drain the Amington area and will be connected to the former Tamworth Joint Sewerage Committee's sewer. A small sewage disposal works at Amington will be abandoned, the existing sewers are inadequate under present conditions, flooding and overflowing manholes occurring in times of comparatively light rainfall. The sewage will be conveyed to the Main Tamworth Borough sewage disposal works for treatment.

The scheme was recommended for approval.

Kettlebrook—Foul Intercepting Sewer, Stage II

This scheme, estimated to cost £36,350, again is part of the overall sewerage scheme for Tamworth and provides for new foul sewers which will form part of the development of some 2,500 acres of land in the Kettlebrook Valley. The existing foul sewer is incapable of dealing with the future flow of some 588 new houses which are expected eventually to be connected to the proposed new sewer.

The scheme was recommended for approval.

Kettlebrook Valley—Foul Intercepting Sewer, Stage III

This scheme, estimated to cost £33,000, is an extension of the Kettlebrook Valley foul sewer, Stage II, and again forms part of the overall re-sewerage scheme for the Borough of Tamworth. The sewer is necessary for development expected to start by early 1969. The sewer is designed to take flows from other drainage areas which will be developed in the future and for which, in due course, further sections will have to be provided.

The scheme was recommended for approval.

CANNOCK URBAN DISTRICT

Extension to Cannock Main Sewage Disposal Works

This scheme, estimated to cost £390,000, exclusive of any form of sludge treatment, is to deal with a population of 78,500 made up of 56,500 from the Urban District area and 22,000 from the Cheslyn Hay/Great Wyrley area of Cannock R.D.C.

The existing Cannock U.D.C. works are surrounded by industrial buildings as well as Council and private housing. There have been many complaints in the past of obnoxious smells from the sewage works and as a result scent sprays have been fitted on the works and are frequently in use. The Department was of the opinion that future long-term policy should envisage the gradual run-down of these works and a new site should be found for sewage treatment from this area.

Unfortunately, all estimates so far given made the extra cost of taking the flow from Cannock elsewhere very high.

Nevertheless it was felt the proposed extensions to the Cannock works should be the last on that particular site. Any future capacity required for flows beyond 1981 should be found elsewhere, the existing U.D.C. works would then begin to be phased out over a number of years.

Subject to the foregoing, the scheme was recommended for approval.

KIDSGROVE URBAN DISTRICT

Rookery and Newchapel Sewerage Scheme

This scheme, estimated to cost £252,866, is to provide new sewers, storm overflows, pumping station and rising main in the Rookery, Newchapel, Harriseahead and Mow Cop areas. The new sewers are necessary to replace old sewers in poor condition and quite unable to meet existing flows, causing certain areas to be subject to flooding. Many properties are drained to septic tanks or cesspools, causing gross pollution in watercourses and fields in close proximity to houses and gardens.

The scheme is divided into a number of sections—the first section, estimated to cost £47,900, is now under construction and covers new sewers from near the old Rookery sewage disposal works to a point between Whitehill Methodist Church and Red Row.

The scheme was recommended for approval.

CHEADLE RURAL DISTRICT

Blythe Valley Sewerage Scheme—Extensions to Deadman's Green Sewage Disposal Works

This scheme, estimated to cost £195,076, is to provide for extensions at the Deadman's Green Checkley sewage disposal works. The proposed extensions consist of new filter beds, sludge drying beds, sedimentation tanks, sludge pump house and a dome gas collector. There is no doubt that extensions are urgently required and the scheme is recommended for approval.

Cheddleton Sewage Purification Works Extensions

This scheme, estimated to cost £52,800, after allowing for a contribution of £7,200 from certain developers, is to provide for extensions and modernisation of the existing Cheddleton sewage disposal works.

The scheme was recommended for approval.

LEEK RURAL DISTRICT

Rudyard Sewerage Scheme

This scheme, estimated to cost £39,400, is to provide a sewerage system for the village of Rudyard, with a pumping station and rising main delivering sewage into the Leek Urban District's main outfall sewer.

There is an urgent need for proper sewerage facilities in the village and the scheme was recommended for approval.

SEISDON RURAL DISTRICT

Codsall Wood Sewerage Scheme

This scheme, estimated to cost £14,255, is to provide a sewerage system for the Codsall Wood area. The area is served by cesspools, septic tanks and pan closets. The annual cost of emptying tanks is something approaching £400 per year and nuisance is caused from time to time by overflowing tanks. A small ejector station will pump sewage to the Codsall main drainage system.

The scheme was recommended for approval.

Kinver Sewage Disposal Works Extensions

This scheme, estimated to cost £150,000, is to provide for extensions and improvements at the existing Kinver sewage disposal works, together with the provision of larger pumps and ancillary works at Mill Lane pumping station. The proposals also include for the treatment of sludge from the Kinver works at the Wombourne works and a container handling unit for sludge is contained in the overall cost of the extensions.

The scheme was recommended for approval subject to some internal rearrangement of the messroom facilities in order to bring these more in line with Food Hygiene Regulations. The cost of the scheme included an item of £2,000 for de-scaling an existing 12" sewer; this was not recommended for approval for grant purposes.

Lower Penn

This scheme, estimated to cost £3,550, is to provide sewerage facilities for a number of properties in the Drive Fields area of Lower Penn. Included in the scheme is a small pumping station and rising main which would lift the sewage to an existing manhole in Langley Road. The proposals would mean the abolition of certain unsatisfactory septic tanks and prevent the pollution of a small stream.

The scheme was recommended for approval.

Pattingham Sewage Disposal Works and Extensions to Foul Sewer at Westbeech Road

The scheme, estimated capital cost of which is £7,000, is in two sections:—

- (1) alterations to Pattingham sewage disposal works, estimated to cost £3,000, which provides for a flume and recording instruments for measuring the flow of sewage reaching the works, laying out of grass plot irrigation areas for improving the final effluent and an electric drive for the distributor arms to the filter beds;
- (2) extensions to Westbeech Road foul sewer, the estimated cost of which is £4,000. This extension deals with some 13 properties at present draining to cesspools; these are costly to maintain and empty and cause some difficulty at the sewage disposal works when their contents are tipped. The scheme provides for a pumping station and rising main.

Both schemes were recommended for approval.

STAFFORD RURAL DISTRICT

Proposed New Sewage Disposal Works— Gnosall and Wood Eaton

This scheme, estimated to cost £179,313, is to provide a new sewage disposal works at Wood Eaton, with new sewers and a rising main from Church Eaton and from the existing Gnosall sewage disposal works.

The existing disposal works at Gnosall will be used for treatment of storm water only.

Following a Ministry of Housing and Local Government Inquiry into the scheme, the Ministry said the need for the reconstruction of all but a minimum of the existing sewage disposal works serving Gnosall is accepted and the Council's proposals for the sewage of Gnosall and Church Eaton are accepted in principle. The Ministry at the same time expressed the opinion that the new works should be designed for a population of 7,850 in lieu of 9,525 put forward by the R.D.C.

The reduction in the design population figure is regretted, as the experience of this Department has been that in almost all sewage disposal schemes for many years past there has been insufficient reserve capacity and the 1,675 future population now deleted from the scheme by the Ministry would have provided such a reserve.

The scheme was recommended for approval.

Seighford Sewerage Scheme

This scheme, estimated to cost £8,060, is to replace the existing unsatisfactory and overloaded sewage disposal arrangements at Seighford by substituting a pumping station and some 2,870 yards of rising main to convey the sewage to the old R.A.F. sewage disposal plant at the Seighford aerodrome.

The scheme was recommended for approval.

Bury Bank, Meaford Sewerage and Sewage Disposal Scheme

This scheme, estimated to cost £14,437, is to provide a small sewerage and sewage disposal scheme for a small area of development in the Bury Bank area. The present drainage system of individual septic tanks and filters and a small sewage disposal plant serving a group of properties, is in an unsatisfactory condition and causing nuisance and/or pollution in the stream.

Subject to certain technical amendments which have been agreed the scheme was recommended for approval.

TUTBURY RURAL DISTRICT

Rolleston, Anslow and Tutbury Sewerage and Sewage Disposal Scheme

This scheme, estimated to cost £271,647, is in three parts:—

- (1) to extend the Rolleston sewage disposal works to provide for increased population in the Rolleston area and for the reception and treatment of sewage from Tutbury;

- (2) to provide a trunk sewer from Tutbury to Rolleston and a new pumping station at Tutbury, the Tutbury works to be abandoned and the flow to be treated at the Rolleston works;
- (3) extensions to sewers in the Anslow area.

The County Council put forward an alternative proposal for consideration by the Tutbury R.D.C., suggesting (a) the existing Rolleston works to deal with the flow for which they were designed and until their useful life was ended; (b) flows over and above those which could be dealt with at the Rolleston works be pumped to the Burton-on-Trent works for treatment, and (c) when the Rolleston works were incapable of dealing properly with the flow reaching them then the whole of the flow from the area to be pumped to Burton.

On the question of sewer extensions to Anslow, the extensions were formally recommended for approval.

MINISTRY OF HOUSING AND LOCAL GOVERNMENT INQUIRIES

During the year, the following Ministry Inquiries were held into proposed Schemes of Sewerage and Sewage Disposal.

The County Health Department was represented by the County Health Inspector who also accompanied the Ministry Inspector on his subsequent visits of inspection of the areas concerned.

- | | |
|-------------------|---|
| 10 and
11/1/67 | Tamworth Borough — Sewerage Schemes covering the
Glascote and Amington areas. |
| 1/5/68 | Stafford Rural District—Gnosall, Seighford and Ranton
Sewerage and Sewage Disposal Scheme. |
| 25/9/68 | Stafford Rural District — Hixon Sewage Disposal Works
Extension. |

GENERAL

The disastrous outbreak of Foot and Mouth Disease which affected a large area of the County, directly or indirectly, towards the end of 1967 and continuing well into 1968, greatly restricted the activities of the Department in so far as the inspection of sewage disposal plants and the sampling of effluents was concerned. Any activity which could in any way even remotely be considered as likely to spread the disease, was suspended on the assumption that it was far better to be safe than sorry.

It is worthy of note that the number of sewage disposal works in the County area subject to inspection and sampling of effluents, together with new works under construction, is more than the number dealt with by the Department prior to the 1966 boundary changes.

Likewise, there are also more refuse tips in which the Department is interested than there were before the boundary changes, as well as more school swimming baths and learner pools.

The relationship between the Public Health Departments and Engineer and Surveyor's Departments of District Councils and the County Health Inspectorate continues to be cordial, making a favourable climate for continued co-operation in all aspects of the work falling within their respective provinces.

